

**ANGLIA RUSKIN UNIVERSITY**

***PASTORAL COACHING: LIFE COACHING AS A TOOL FOR  
PASTORAL CARE***

**BAREND JACOBUS BEUKES**

**A Thesis in partial fulfilment of the requirements of Anglia Ruskin  
University for the degree of Professional Doctorate in Practical Theology**

**Submitted: April 2012**

## ACKNOWLEDGEMENTS

There are many people that I would like to thank who have contributed towards making this dissertation possible.

First of all, I would like to thank my supervisors, Dr David Skinner and Dr David Lyall for their invaluable time, guidance and excellent supervision throughout every stage of this dissertation. Through their sensitive guidance, my research skills were enhanced and my thought process challenged. In addition to these supervisors, Zoë Bennett gave constant support and encouragement, every step of the way. The Professional Doctorate program she is running is excellent, and provided well rounded lectures from specialists in the field. One of the lecturers, who stood out, was Professor Vernon Trafford. My sincere gratitude goes to him for being so generous in providing advice and “unlocking” my thinking during the writing up of this dissertation.

I wish to extend my thanks to the trustees and director of the charity which formed the starting point for this Professional Doctorate. They allowed me to use my case notes for this study and were extremely supportive during my studies. My sincere gratitude also goes to all my clients from whom I learnt so much. Through working with them, my skills in pastoral care and life coaching greatly improved.

I would also like to thank Kathleen Lane, for her all-important contribution of proofreading my work.

My friends and family were extremely supportive during my studies and I am grateful for all their encouragement and belief in me. I would like to especially thank my wife, Eldré, for being who she is. Without her invaluable advice, amazing insight and continuous support it would have been impossible to bring this task to completion. This dissertation is as much hers as it is mine.

Finally, I would like to thank God for giving me the opportunity to complete this dissertation and for giving me the passion and compassion to use this work to bring hope to people in need.

ANGLIA RUSKIN UNIVERSITY  
ABSTRACT

FACULTY OF ARTS, LAW & SOCIAL SCIENCES  
PROFESSIONAL DOCTORATE IN PRACTICAL THEOLOGY

*PASTORAL COACHING: LIFE COACHING AS A TOOL FOR PASTORAL CARE*

By BAREND JACOBUS BEUKES

April 2012

The purpose of this professional doctorate is to explore how life coaching was used to enhance the ministry of pastoral care, as practised within a specific Christian charity, and, in the light of this exploration, to develop a theory of *pastoral coaching*. This approach, in which life coaching techniques are incorporated into the discipline of pastoral care, aims to address a lack of emphasis on techniques and methods in the field of pastoral care. It is argued that this approach could be used as an additional method of pastoral care.

Various types of pastoral care, as well as life coaching, are investigated through a literature review. Seven clients, who underwent this method of intervention between July 2006 and February 2009, and of whom adequate case notes were available, were selected. These seven cases consisted out of four female and three male participants and chronologically spanned the whole unit of analysis. A multiple-case study design was used to reflect retrospectively upon this work with these clients in the light of the literature review.

From this reflection, a theory of *pastoral coaching* is developed. This theory suggests that the aim of *pastoral coaching* is to foster wholeness in clients. *Pastoral coaching* achieves this aim through using a combination of pastoral care and life coaching techniques and methods. Although *pastoral coaching* could be regarded as a form of supportive pastoral care, its structure is similar to that of solution-focused coaching. The five traditional functions of pastoral care, healing, sustaining, guiding, reconciling and nurturing, form five separate phases in the process of *pastoral coaching* as clients progress towards a greater sense of wholeness.

The outcome of this research suggests that *pastoral coaching* could be used as an alternative method of pastoral care. This method could subsequently be used to provide pastoral care practitioners with a clear set of guidelines that is pastoral in nature, while also utilising certain life coaching techniques that could help clients practically.

Key words: pastoral care, life coaching, pastoral coaching, being, doing, wholeness.

## TABLE OF CONTENTS

<b>LIST OF FIGURES</b>	<b>vi</b>
<b>LIST OF TABLES</b>	<b>vii</b>
<b>COPYRIGHT</b>	<b>ix</b>
<b>DEDICATION</b>	<b>x</b>
<b>1. INTRODUCTION</b>	<b>1</b>
<b>2. MY BACKGROUND AND CONTEXT</b>	<b>7</b>
<b>3. PASTORAL CARE</b>	<b>15</b>
3.1. Developing my own understanding of pastoral care	15
3.2. Clinebell's basic types of pastoral care	23
3.2.1. Supportive pastoral care	26
3.2.2. Crisis pastoral care	29
3.2.3. Educative pastoral care	30
3.3. <i>Being</i> and <i>doing</i> in pastoral care	33
3.4. Conclusion	38
<b>4. LIFE COACHING</b>	<b>39</b>
4.1. Developing my own understanding of life coaching	39
4.2. Different models of life coaching	49
4.2.1. Behavioural coaching	49
4.2.2. Solution-focussed coaching	50
4.2.3. Cognitive Behavioural coaching	50
4.2.4. Neuro-linguistic programming (NLP) coaching	51
4.2.5. Transpersonal coaching	52
4.3. The solution-focused model of life coaching	53
4.4. <i>Being</i> and <i>doing</i> in life coaching	57
4.5. Life coaching and substance misuse	60
4.6. Conclusion	62

<b>5. METHODOLOGY</b>	<b>63</b>
5.1. Research Aims	63
5.2. Research Design	64
5.3. Data Collection	67
5.3.1. Selection criteria	67
5.3.2. Selected cases	68
5.3.3. Types of Evidence	69
5.4. Analytic strategy	70
5.5. Conclusion	71
 <b>6. THE CASE OF VICTOR C</b>	 <b>72</b>
6.1. First Session	72
6.2. Second Session	81
6.3. Third Session	86
6.4. Fourth Session	91
6.5. Fifth Session	98
6.6. Sixth Session	102
6.7. Seventh Session	106
6.8. Eighth Session	110
6.9. Ninth Session	114
6.10. Tenth Session	117
6.11. Final outcome	123
6.12. Analysing <i>pastoral coaching</i>	125
6.13. Revised propositions for the theory of <i>pastoral coaching</i>	135
 <b>7. DISCUSSION ON PASTORAL COACHING</b>	 <b>139</b>
7.1. Can pastoral coaching be regarded as a form of life coaching? If so, where does it fit into the wider discipline?	139
7.2. Can pastoral coaching be regarded as a form of pastoral care?	140
7.3. Where does this form of pastoral care fit into the broader discipline?	141
7.4. What is the aim of pastoral coaching?	146
7.5. Which pastoral metaphor would describe the process and nature of pastoral coaching most accurately?	146

7.6. How did pastoral coaching reconcile the tension between being and doing?	148
7.7. What traditional functions of pastoral care were displayed during pastoral coaching?	152
7.8. What is unique about pastoral coaching?	157
7.9. What characteristics did I, as the pastoral coach, display?	160
7.10. Which distinctive characteristics of the pastoral coach/client relationship were displayed during the pastoral coaching sessions?	162
7.11. When would pastoral coaching be an appropriate type of intervention?	166
7.12. What is the nature and process of pastoral coaching? A definition.	171
7.13. Conclusion	175
<b>8. REFLECTION</b>	<b>176</b>
<b>9. CONCLUSION</b>	<b>185</b>
<b>REFERENCES</b>	<b>188</b>
<b>APPENDIX A: A SUMMARY AND ANALYSIS OF THE SIX SUPPORTING CASES</b>	<b>199</b>
<b>APPENDIX B: ETHICS APPROVAL</b>	<b>242</b>
<b>APPENDIX C: PROFESSIONAL DOCTORATE STAGE 1A</b>	<b>244</b>
<b>APPENDIX D: PROFESSIONAL DOCTORATE STAGE 1B</b>	<b>262</b>

## LIST OF FIGURES

<b>Figure 1.1.</b> The effectiveness of pastoral coaching in goal attainment	2
<b>Figure 5.1.</b> Conceptual framework	66
<b>Figure 6.1.</b> Victor C's drinking and confidence graph	93
<b>Figure 6.2.</b> Victor C's comparative results for the Wheel of Life	124
<b>Figure 7.1.</b> Average comparative results for the Wheel of Life	150
<b>Figure 7.3.</b> A schematic representation of the theory of Pastoral coaching	174

## LIST OF TABLES

<b>Table 3.1.</b> Expressions of the five traditional functions of pastoral care	17
<b>Table 4.1.</b> Approaches to coaching	59
<b>Table 4.2.</b> Comparative analysis of different coaching approaches	60
<b>Table 6.1.</b> Victor C's initial Wheel of Life scores	73
<b>Table 6.2.</b> Victor C's initial TOPS scores	74
<b>Table 6.3.</b> The solution-focused coaching structure for Victor C's first session	80
<b>Table 6.4.</b> The solution-focused coaching structure for Victor C's second session	85
<b>Table 6.5.</b> The solution-focused coaching structure for Victor C's third session	90
<b>Table 6.6.</b> Victor C's initial Gears of Life scores	91
<b>Table 6.7.</b> The solution-focused coaching structure for Victor C's fourth session	97
<b>Table 6.8.</b> Victor C's second set of Gears of Life scores	98
<b>Table 6.9.</b> The solution-focused coaching structure for Victor C's fifth session	101
<b>Table 6.10.</b> The solution-focused coaching structure for Victor C's sixth session	105
<b>Table 6.11.</b> Victor C's second Wheel of Life scores	109
<b>Table 6.12.</b> The solution-focused coaching structure for Victor C's seventh session	110
<b>Table 6.13.</b> The solution-focused coaching structure for Victor C's eighth session	114



<b>Table 6.14.</b> The solution-focused coaching structure for Victor C's ninth session	117
<b>Table 6.15.</b> Victor C's final Wheel of Life scores	119
<b>Table 6.16.</b> Victor C's final TOPS scores	119
<b>Table 6.17.</b> The solution-focused coaching structure for Victor C's tenth session	122
<b>Table 7.1.</b> Average comparative results for the Wheel of Life	149
<b>Table 7.2.</b> Clients' comments with regards to their experience of the <i>pastoral coaching</i> process and relationship between July 2006 and February 2009	165

## **COPYRIGHT**

Attention is drawn to the fact that copyright of this thesis rests with

- i. Anglia Ruskin University for one year and thereafter with
- ii. Barend Jacobus Beukes

This copy of the thesis has been supplied on condition that anyone who consults it is bound by copyright.

## **DEDICATION**

To my wife, Eldré, and daughter, Heidi

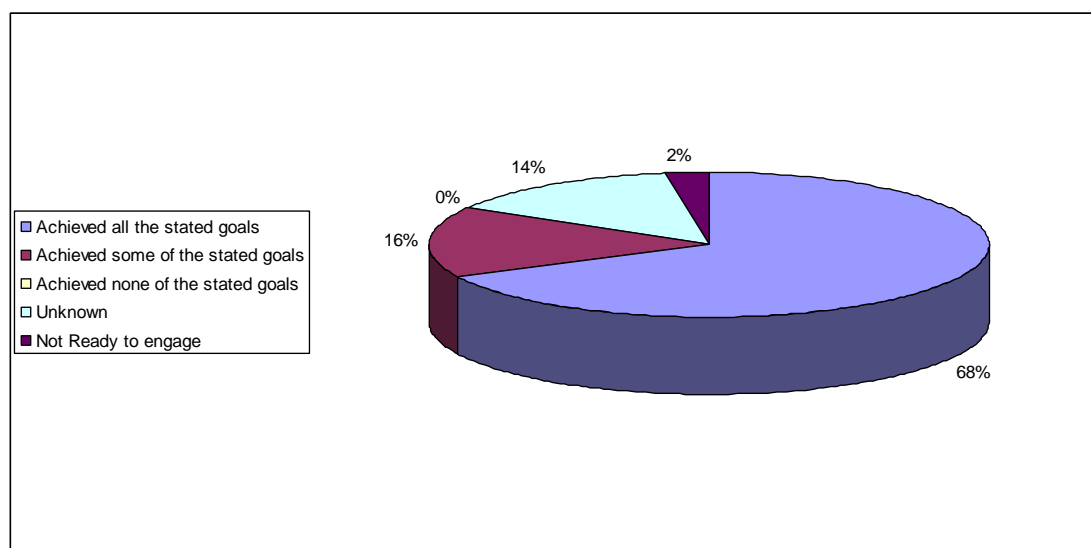
## Chapter 1

### INTRODUCTION

Pastoral care can make a significant difference to people's lives: it can help them to experience compassion and care at a deep level and live with renewed hope and a sense of meaning as a result of this encounter (Louw, 1999, p.426). Pastors, who act as these "agents of hope" (Capps, 1995a, p.1), are taught that their *being*-functions are vital in this process and that it is who they are for people they work with, rather than what they do, that matters the most (Lartey, 2003, p.69). Although it is widely accepted in pastoral care, that *being* is more important than *doing* (Campbell, 1986), the question many pastors have is: "But, what do you actually do? What method should you use with people in need?" *Being* there for people in need is vitally important, but knowing what to *do* in these situations, and having some techniques to use, would contribute a great deal to the ministry of pastoral care. With this in mind, pastoral care has often drawn upon the insights of other human sciences and secular psychotherapies (Lyll, 2001, p.xvi; Clinebell, 1984, p.17) to develop its practice. Stone (2001, p.204) makes it clear that the field of pastoral care and counselling should find new ways of helping people in a rapid and skilful way. One of these "new" approaches to pastoral care is brief pastoral counselling (Stone, 1994; Kollar, 1997), which was developed from solution-focused brief therapy (de Shazer, 1985, 1988). Another relatively new approach to helping people, which may contribute to the ministry of pastoral care in a similar fashion to brief therapy, is life coaching.

Life coaching has gained popularity during the last few decades (McNamara, 2007, p.2) and places a lot of emphasis on techniques and tools in order to help people reach their goals (Ives, 2008, p.109).

As someone who trained in both pastoral care and life coaching, I worked in a charity with people struggling with drug and alcohol addictions. After almost three years of doing brief interventions work with these clients, I reflected on the effectiveness of this work and found the following results, as seen in Figure 1.1:



*Figure 1.1: The effectiveness of pastoral coaching in goal attainment*

Between July 2006 and February 2009 I worked with 164 clients. Before I started with the intervention process, I asked clients what they wanted to achieve, what their goals were. At the end of the process, I recorded whether they achieved these goals or not. In 68% of cases, they achieved everything they wanted to and mostly a lot more. In 16% of the cases, clients achieved some of the goals and again, often their goals changed from what they wanted initially. In 14% of all the cases, the results were unknown. When I explored this in more detail, I found that in most of these cases clients attended only one session, thus no final result could be obtained. In the cases where more sessions took place, clients often showed progress, but since they did not complete the intervention process, it could not be determined whether they achieved their goals. Those who were not ready to engage (2%) decided at the end of their first session that they were either not ready to address their addictions or wanted to work with an organisation that was closer geographically. However, one of the key discoveries of my reflection upon these results was that *no one* reported that they did not achieve any of their goals. Even if all the unknown results, as well as those who were not ready to engage, were regarded as unsuccessful, the results still showed that this method was relatively successful in 84% of all cases over a period of almost three years. It thus seems as though the approach I used was a very effective method, especially if it is considered that these results were achieved, on average, in less than six sessions with each client.

From these statistics it was clear that something I did made a significant difference to clients' lives. However, I did not know exactly what I did or how this method operated. My hunch was that I combined the *being*-functions of being a pastor and the *doing*-functions of being a life coach, in myself, but was not sure how this occurred. In order to differentiate this method from others, I called it *pastoral coaching*. The purpose of this research is therefore to establish what exactly the phenomenon of *pastoral coaching* is by analysing some of the cases I worked with; and subsequently develop a theory of this approach, explaining what *pastoral coaching* entails and understanding how it operates and when it is applicable, so that it may be used consciously to enhance the work of this charity and offer another approach to the practice of pastoral care.

Therefore, the research question of this study is: *How did pastoral care and life coaching combine to form pastoral coaching within the context of a specific Christian charity?*

In order to answer this question and to develop a theory of *pastoral coaching*, I have constructed a number of sub-questions:

1. *Can pastoral coaching be regarded as a form of pastoral care? If so, how does it relate to the wider discipline?*
2. *Can pastoral coaching be regarded as a form of life coaching? If so, how does it relate to the wider discipline?*
3. *What were the qualities that I, as pastoral coach, displayed?*
4. *What is unique about pastoral coaching?*
5. *What is the nature and process of pastoral coaching?*
6. *When would pastoral coaching be an appropriate intervention?*

Since this is a Professional Doctorate in Practical Theology, more emphasis is placed on practice-oriented research, rather than a more theoretical overview of the discipline, as is usually the case with traditional PhD work (Research Student Handbook, 2010, p.19). However, theory still plays an important part in this research and is used to reflect on and enhance my practice. Therefore, the thesis is structured as follows:

In Chapter 2 I position my research within a specific personal and professional context. A chronological overview of my own background and the major influences on my theological understanding and practice of pastoral care is given. The specific context in which this research was conducted is also discussed. This serves the purpose of embedding my research within a specific practical context.

Chapter 3 embeds *pastoral coaching* within a specific academic context. Since it is argued that *pastoral coaching* developed through a combination of life coaching and pastoral care, this chapter explores my own understanding of pastoral care, as this provided the theoretical context from which *pastoral coaching* developed. Different types of pastoral care are also discussed, for the purpose of locating *pastoral coaching* in the wider discipline of pastoral care. This framework is used in later chapters to reflect on the work I did with clients. During the exploration of pastoral care it transpired that there is a tension between the *being* of the pastor and the using of certain *methods* or *techniques*. The lack of practical methods that are *pastoral* in nature is identified as a gap in the practice of pastoral care, which this research aims to address.

Chapter 4 also aims to locate *pastoral coaching* in a specific theoretical context by determining my own understanding of life coaching. Various types of life coaching are considered and the case is argued that solution-focused brief coaching was the type of life coaching from which *pastoral coaching* developed. This model is described in more detail and is used in later chapters to reflect on the work I did with clients and determine *pastoral coaching*'s relationship with the wider discipline of life coaching. It is furthermore established that, although the *being*-functions of the life coach are considered as vital for the coaching process, it is the *doing*-functions and the goal-orientation of coaching that distinguishes this discipline from other approaches. It is argued that it is this unique feature of life coaching that could be used to address the perceived gap in pastoral care. This chapter also discusses whether life coaching is a suitable intervention for the client group which attended this charity.

The aim of Chapter 5 is to describe the specific methodology I used in developing a theory of *pastoral coaching*. It is determined that this is an inductive research study in which the aim is to develop a theory of *pastoral coaching* as it was conducted in the context of a specific charity during a particular period of time. The specific method that was used to conduct this research was a multiple case study design. Seven cases were selected according to a set of inclusion criteria and were analysed by using cross-case synthesis. After the first case was analysed, an initial set of theoretical propositions was suggested, which was then tested and refined by analysing and reflecting upon six supporting cases. The aim of this method was to provide a set of propositions for the theory of *pastoral coaching* as it was developed within my specific professional context.

In Chapter 6 the Case of Victor C is briefly described and analysed according to the research questions. Each session with Victor C is described separately and some preliminary questions about *pastoral coaching* are asked after each session. After a description of all the sessions, a full analysis is conducted and seven preliminary propositions are suggested. Six additional cases were analysed in a similar fashion to the case of Victor C and were used to support and expand on the description of *pastoral coaching*. A summary of the background information and final outcome of each supporting case, as well as a brief analysis of each of the six cases, can be found in Appendix A. The preliminary propositions were revised during the analysis of these six supporting cases and presented as a set of revised propositions for the theory of *pastoral coaching* at the end of this chapter.

The aim of Chapter 7 is to discuss the results that were obtained through the analysis of the seven selected cases. The seven revised propositions, along with the original research questions are discussed in more detail and a more comprehensive theory of *pastoral coaching* emerges. This chapter concludes with a definition of *pastoral coaching* as well as a schematic representation of the theory of *pastoral coaching*.

The purpose of Chapter 8 is to reflect on some of the issues that resulted from this research, but were not sufficiently addressed during the body of the research or the discussion. Four themes, which may require further debate with regards to the theory of *pastoral coaching*, are identified: *hopefulness*, *theological anthropology*,



*eclecticism* and *spirituality*. These four themes are briefly discussed and *pastoral coaching* is thereby located in a wider theoretical debate. It is found that, although *pastoral coaching* uses a contemporary discipline to contribute to the ministry of pastoral care, this intervention still has a clear *pastoral* identity.

In Chapter 9 it is concluded that *pastoral coaching* is a unique approach to pastoral care and that it sufficiently fills a gap in pastoral care by providing a specific *structure* and *process* that has a clear *pastoral* identity. This approach subsequently gives another option to pastors, who are looking for a method with a distinctively pastoral character, and has proven to be an effective intervention. Finally, it is concluded that *pastoral coaching* is an appropriate way to enhance the brief interventions work of this specific Christian charity.

During this process of reflection on my practice, my own thinking on this topic developed significantly. This development can be clearly seen when my Stage 1A (Appendix C) and 1B (Appendix D) papers are considered and compared to this thesis. Initially I was interested in doing a more theoretical study, in which I wanted to reflect theologically on the theory of life coaching and subsequently design a pastoral model of life coaching that could be used in practice. During Stage 1B I followed the initial literature review by doing research on one of the main life coaching instruments that I used during my brief interventions work. However, when I reviewed my work with clients I realised that I had already developed a new approach in practice, and therefore did not need to design a theoretical model. Therefore this study is designed to reflect upon my practice and gain a better understanding of *pastoral coaching*. This clear focus on practice distinguishes this research as a Professional Doctorate.

## **Chapter 2**

### **MY BACKGROUND AND CONTEXT**

The aim of this chapter is to locate my research within a specific practical context. Since my overall purpose with this research is to enhance my professional practice, the context in which the research was conducted will be described. My professional practice, as well as my reflection upon it, has also been influenced by my background. Therefore this chapter will explore how my theological understanding, and subsequently my practice of pastoral care, has been shaped by my personal faith and experiences. These experiences will be discussed chronologically.

#### *The early years*

I grew up in a white, middle-class family in South Africa during the 1980s and 1990s. Although the political context during this time was one of strife, I was fortunate to be brought up in a loving and caring home. Both my parents are Christians and they brought my elder brother and myself up with a strong sense of Christian values and love for God and other people. We were taught to be helpful, respectful, caring and to have integrity. My parents acted as a living model of these and other integral Christian values. We did many activities together as a family and my parents were very involved with our activities at school. They made every effort to give us as many opportunities as possible and encouraged us to follow our hearts and interests.

When I was five years old, we moved to a city in the Eastern Cape, approximately 1000 kilometres away from our family in the Western Cape. This part of the country was predominantly English and Xhosa-speaking and we were an Afrikaans family. However, we quickly got involved in an Afrikaans church and, as a result of being far away from family and being a minority group in the area because of our language, we became part of a close-knit community of Christians. These other families that lived in our neighbourhood became strong Christian role-models, who supported my parents in modelling Christian values for us. From an early age my faith was something that was connected with real life. It was never something that you only practised on Sundays, but something that was an integral part of everyday life: when I wrote exams, God was with me in the classroom; when I played rugby,

He was with me on the rugby field; when I climbed trees or walked in the bush or swam in the sea, He was with me. This was something that was an important part of my life, as illustrated by this anecdote: When I was ten years old I went to a Voortrekker<sup>1</sup> camp. I stayed with seven other ten-year-olds in a small hut in the bush; it was furthest away from the conference hall. As most ten-year-olds, we had a great sense for adventure, but also big imaginations. When we came back to our hut after dinner, at dusk, some of us became convinced that someone or something had been in our hut. The boys became so scared that they did not want to leave the hut and did not know what to do; some started to panic. I immediately got out my Bible, gathered everyone around and started to read from Psalm 23, stating that God is with us and that we do not need to fear anything. I prayed and everyone became very calm. One of the boys took out a packet of cookies and we had a great evening together with snacks being shared and a few years later we went to the same high school and became best friends. When I got home after the camp, I was very excited about everything I experienced and the new friends I made. However, the news that awaited me was that my grandfather was on his deathbed and eventually died the next day. I knew, though, that God was with my family during that difficult time as He had been with a few scared ten-year-old boys in the bush.

Throughout high school, I held the same beliefs and experienced God as involved in everything I did. During my teens, the political unrest in the country was beginning to come to a head. I started thinking more about the political circumstances and reflected on it from a faith perspective. I realised that apartheid was against everything I believed and I shared this view with those around me. My point of view was not always accepted and when I was fifteen I was in a severe debate with a local minister. I was convinced that apartheid was wrong and should end and I found the basis for this in the Bible. I was so certain of this that I was willing to take on someone who studied theology for years and who was a respected figure in the community. I believed there was a flaw in his thinking, because apartheid did not convey the love and care that the Bible teaches us. As a result of the injustice I saw, I started to contemplate a career in law, where I would speak up for those who could not speak for themselves; I even considered the possibility of entering politics.

---

<sup>1</sup> Afrikaans club for young people similar to the Scouts

The following year we moved back to the Western Cape, closer to our family. When I was in my final year at school, at the age of eighteen, I started to get the impression that God was calling me into His service. This happened through personal Bible study, sermons and conversations; eventually I was convinced that God was calling me to full-time ministry. I applied and got a place at the University of Stellenbosch's theological seminary. Later that year (1994) I voted in the first democratic elections of South Africa.

#### *Further education*

Studying theology at Stellenbosch opened up a whole new world for me. I made some wonderful friends and I enjoyed the classes immensely. I saw it as such a privilege to be able to learn more about God and His Word and I got many opportunities to put what I learnt into practice. I became involved with the seminary's missionary team and eventually led four expeditions to a rural and secluded part of South Africa. I worked at student and youth camps, helped at a local soup kitchen and generally lived my belief that faith is practical and that God wants to be involved in everything we do.

In the fourth year of my six-year course, I encountered the discipline of pastoral care and counselling and Professor Daniël Louw for the first time. Of all the classes, I enjoyed his the most and when we had to specialise in one subject in my fifth year, I chose to work with Daniël Louw on alcoholism and burn-out. In my sixth year I did my final thesis in pastoral care and counselling under Professor Louw on the topic: *The ministry of courage to the despondent*<sup>2</sup> (Beukes, 2000). I was licensed as a minister at the end of that year (2000) and decided to continue with my Master's degree in Clinical pastoral care and counselling under Daniël Louw. It was a very intense year that stretched me academically as well as emotionally and spiritually. During the course, I worked as hospital chaplain in some of Cape Town's biggest hospitals and learnt about giving hope to hopeless people and handling extremely difficult pastoral situations. One of the core handbooks that we used was Daniël Louw's *Pastoraat as Vertolking en Ontmoeting*<sup>3</sup> (1999). This book is regarded as a foundational work for pastoral care in South Africa as it provides a theological

---

<sup>2</sup> Written in Afrikaans as "Die Bediening van Moed aan die Moedelose"

<sup>3</sup> Pastoral care as interpretation and encounter

anthropology as well as practical guidelines on how to provide pastoral care and counselling. In this book I came across a definition of pastoral care as “geloofshulp as lewenshulp”<sup>4</sup>. Reading this was like the final confirmation that pastoral care embodied exactly what I believed. My whole life I have felt that because God is with us in everything we do, our faith should not be something we only practise every now and then, but that it is something practical that should influence our whole existence. Under Louw I discovered that this is exactly what pastoral care should do: we should use our faith to help people with practical life issues.

However, during my studies with Daniël Louw, I also encountered another concept that influenced my thinking about pastoral care as well as life in general significantly. Louw taught that pastoral care is more about *being* than merely *doing*. Therefore, it was more important to *be* someone for other people, to portray something of God’s love and care for people when you were with them, than it was to follow certain methods. This does not mean that pastoral care is void of specific methods, only that it enjoys a freedom to be with people without necessarily having all the answers. It meant that as pastor you were encountering people during their deepest needs and connected with them and communicated something of God’s presence and compassion during those times to them. With these definitions in my mind and heart, I strove to be there for those in need, helping them to use their faith as practical help in their circumstances. The Master’s degree gave me plenty of opportunity to practise this.

Although I was totally convinced by these views on pastoral care, I did feel that pastoral care would benefit from having a clear method that pastors could use during pastoral conversations in order to help people practically in their need. During this time Daniël Louw was looking for someone to undertake their Masters dissertation on solution-focused brief therapy as a possible method for pastoral care and counselling. I decided to do my dissertation on this topic and used this method during one-to-one work with clients and presented a case study to my peers and lecturers on this method. Louw felt that my dissertation made a significant contribution to the field of pastoral care and we wrote an article (Beukes and Louw,

---

<sup>4</sup> Help with faith as practical help with life

2001) together on this topic. Unfortunately this was never published. Although I developed a great deal during my studies and learnt much, if I had to sum it all up in one sentence, it would be: God is with you. That was what I believed my whole life and my studies confirmed this and gave me tools to administer this to people in need.

### *Life in the UK*

The year after I finished my Master's degree (2001), my wife and I came to the United Kingdom to gain some experience and travel before settling down and entering congregational ministry in South Africa. My initial aim was to become a hospital chaplain and gain more experience in this field. However, I got an opportunity to work for a Christian drug and alcohol charity as a drugs worker and pursued this prospect.

One of the first courses I went on was a solution-focused brief therapy course in London (2002). This was the type of work I was interested in and in which I did my Master's dissertation. I then worked within the criminal justice field for the next four years. As part of this work, I advocated in court for people who were arrested due to drug or alcohol abuse and subsequent behaviour, thereby fulfilling a calling I had as a teenager to speak up for those who cannot do it for themselves. I also visited people struggling with drug and alcohol addictions in their homes and visited them in police custody areas, constantly trying to assist them practically with their needs and challenges. During this time, I strove to show something of God's love for all people by accepting them and helping them practically.

While I was working with drug and alcohol addicts, my wife came across a little book, *Be your own Life Coach* (2001) by Fiona Harrold. After she read it, she gave it to me with the words: "This is you". I started reading it and realised that I was constantly encouraging others to make the most of their lives and follow their dreams, just like a "real" life coach. I started reading more life coaching books and recognised that I was a natural coach. I then enrolled in Newcastle College's certificate in life coaching programme in 2005 and completed my diploma at the same institution the following year. As I learnt more about life coaching and practised it with clients, I became convinced that this type of work may fill an important gap I perceived in pastoral care: providing a clear method to help people in

difficult circumstances. Clinebell (1984, p.20) states that we, in the Church, should experiment with fresh approaches as we search for resources to enhance our effectiveness in the ministry of pastoral care. I believed that life coaching was such a “fresh approach” that could be used to enhance pastoral care. Consequently I used this approach with many different clients and found that this method was very effective in helping people to reach their goals.

In the meantime, I got involved with a small South African church that was meeting in the same area. This was similar to the church we were part of when I was in primary school as this was also a minority of Afrikaans-speaking people in a wider community of English people. I started to get involved in various aspects of the ministry and was eventually given a contract post for conducting the full ministry of this church. Consequently I became responsible for all the sermons and pastoral care of this community and provided training and support to leaders in this community. My belief that faith should be something practical was reflected in our vision, which was based on Psalm 36:9: *To discover God as the Source of life*. This meant that I constantly aimed to help people connect their daily lives to God as the One from Whom life comes. Recently (2010) I took the congregation on a weekend retreat where I helped them to see how their faith could transform every area of their lives and help them to live purposeful and significant lives.

In 2006 I approached the director of the Christian charity I worked for and suggested to him that life coaching could probably be used to good effect in the lives of people trying to move on from their drug or alcohol addictions. Traditionally this relative new discipline was not seen as an ideal approach to use with drug and alcohol addicts. However, I felt that much of the reservations were political and financial and that there was only one way to find out whether this method could be used to help this specific client group and that was to test it. The director bought into the idea and created the post of “brief interventions worker”. I applied and got the task of helping clients move forward within a short period of time. Prior to this post, the shortest time given to therapy was a twelve-week programme. However, most of the work conducted at this specific charity was a lot longer than this period of time. I believed that this post would give me the opportunity to bring my different skills together and help clients practically by being there for them and using a particular method to help

them. As part of a Christian charity as well as working part-time for a church, I believed that this work would give me an opportunity to represent God's care and compassion to clients by assisting them practically and emotionally in their need.

### *The charity*

The background of the specific charity also played a significant role in this research as this shaped the ethos of this organisation. It was established during the 1980s in England by a retired civil servant who had a vision of helping young people deal with drug addictions. He believed that this charity should provide pastoral care to staff and clients alike. He also started a 24-hour help line giving advice and support to young people across the county. As time passed, more people were recruited to help this charity, amongst others a youth worker as well as a counsellor.

This project expanded over the years and later incorporated a youth service that gave advice and educational programmes to schools, had an information stall at various parks and fairs as well as a youth counselling service. An adult counselling and support service was also formed and a criminal justice team worked within custodial suites and magistrates' courts across the county. In recent years they have further expanded by running a drop-in service and needle exchange in a major English city and have also started similar support schemes in other parts of the county.

Although this charity was started as a Christian project and although the ethos of the charity was still 100% Christian, the staff were not all practising Christians anymore. There were, at the time of this research, over fifty members of staff and about half were non-Christians. However, there was a clear understanding that this was still a Christian charity in essence where Christian values were practised. Within this context I believed that pastoral care should play a significant role, as this was the original vision for the charity and embodied its character and ethos.

### *An opportunity*

Not long after I commenced with the role of brief interventions worker at this charity, I got an opportunity to do a professional doctorate. Initially I planned to research the underlying theory of life coaching and determine how this could be enhanced by reflecting on it theologically. The original aim was thus to design a



theological basis for life coaching. As I read more about this topic and wrote a literature review, I continued with my practical work with clients. As I reflected on my practice with these clients, I recognised that most of them improved significantly over a relatively short time. Upon further reflection, I realised that my success with clients was not based on a predesigned method. It seemed as though it developed as a result of my own background in both pastoral care and life coaching and my desire to help clients practically while representing God's love and care to them. This realisation led me to contemplate what exactly occurred during my practice with clients.

In order to show the connection between my professional practice and the two disciplines of life coaching and pastoral care, while also distinguishing this method from either discipline, I called this approach *pastoral coaching*. This method was only identified after reflection upon my work with clients. Therefore, if the nature and process of this approach could be clearly distinguished and used consciously with clients, it might enhance the practice of this charity. It may also prove to be useful for other pastoral carers in similar situations. Subsequently I decided to determine what exactly *pastoral coaching* was, by analysing the case notes of a number of clients and as a result develop a theory of *pastoral coaching*, which could be used as another approach in pastoral care.

### *Conclusion*

This chapter has described my background, as well as the context in which this research was conducted. Both contributed to my personal and professional development and led to the decision to pursue this research. Before discussing how I approached the research and developed a theory of *pastoral coaching*, this specific research has to be located in the wider academic context as well. Since I argue that pastoral care and life coaching combined in some way to form *pastoral coaching*, these two disciplines will be discussed in the next two chapters.

### **Chapter 3**

## **PASTORAL CARE**

The aim of this chapter is to position *pastoral coaching* within a specific academic context. Since it is argued that *pastoral coaching* developed through a combination of life coaching and pastoral care, this chapter will explore the discipline of pastoral care in more detail. Specific attention will be given to defining my own understanding of this discipline, as this had a direct influence on my practice. Furthermore, the various types of pastoral care will be discussed. These types of pastoral care will form the theoretical framework that will be used in later chapters to analyse *pastoral coaching* and determine its relationship to the wider discipline of pastoral care. I will also explore the tension between *being* and *doing* in pastoral care and identify the gap in the practice of pastoral care which I aim to address through this research.

### **3.1. Developing my own understanding of pastoral care**

Traditionally, pastoral care has its roots in the Latin concept of *cura animarum*, which can be translated into “care of souls”. This concept contains both the idea of care and cure (Benner, 2003, p.14). In this context, “care” refers to actions designed to support the well-being of someone, while “cure” refers to actions designed to restore well-being that has been lost. Historically both meanings have been embraced by the Church, with soul care being understood as involving nurture and support as well as healing and restoration. Clebsch and Jaekle (1964) reflected on the history of pastoral care through the ages and suggested a definition that has proved to be “groundbreaking” (Lartey, 2003, p.21). They (Clebsch and Jaekle, 1964, p.79) stated that pastoral care has been open to different psychological theories throughout history. According to them, the normative feature in pastoral care is not that it has a uniquely Christian psychology or a specific language to describe human suffering, but rather that the pastoral posture and the four pastoral functions of *healing*, *sustaining*, *guiding* and *reconciling* are constant. In most books where a definition for pastoral care is sought, Clebsch and Jaekle’s (1964, p.4) definition appears and seems to be widely recognised and accepted:

“Pastoral care consists of helping acts, done by representative Christian persons, directed towards healing, sustaining, guiding and reconciling of troubled persons, whose troubles arise in the context of ultimate meanings and concerns.”

According to this definition, which has marked the beginning of the recent history of pastoral care (Lartey, 2003, p.21) four separate functions of this discipline can be distinguished throughout the history of the Christian Church. A fifth function, *nurturing*, was later added by Clinebell (1984, pp.42-43). These five functions of pastoral care can be summarised as follows:

- i. *Healing* aims to restore the person to wholeness and lead them to advance beyond their previous condition.
- ii. *Sustaining* aims to help someone who is hurting to endure and transcend their circumstances in which restoration to their former condition or recuperation from their situation seems improbable.
- iii. *Guiding* aims to assist people who are struggling to make confident choices between alternative courses of thought and action, when such choices are viewed as affecting the present and future state of the soul.
- iv. *Reconciling* aims to re-establish broken relationships between the individual and other people as well as between them and God.
- v. *Nurturing* aims to enable people to develop their God-given potential throughout their life journey.

These functions can be differentiated by looking at the various expressions through the centuries as is summarised by Clinebell (1984, p.43) in Table 3.1.

<b>Pastoral care Function</b>	<b>Historical Expression</b>	<b>Contemporary caring and counselling expression</b>
Healing	Anointing, exorcism, saints and relics, charismatic healers	Pastoral psychotherapy, spiritual healing, marriage counselling and therapy
Sustaining	Preserving, consoling, consolidating	Supportive caring and counselling, crisis counselling, bereavement caring and counselling
Guiding	Advice-giving, devil-craft, listening	Educative counselling, short term decision making, confrontational counselling, spiritual direction
Reconciling	Confession, forgiveness, disciplining	Marriage counselling, existential counselling (reconciliation with God)
Nurturing	Training new members in the Christian life, religious education	Educative counselling, growth groups, marriage and family enrichment, growth enabling care through developmental crises

*Table 3.1. Expressions of the five traditional functions of pastoral care (Clinebell, 1984, p.43)*

Although Clebsch and Jaekle's work has been criticised on historiographical grounds (Culbertson and Shippee, 1990), the various functions of pastoral care seem to be widely accepted. Lake (1980) mentions that Clebsch and Jaekle could not identify a dominant function in the "Post-Christendom" era. According to him, all four original functions are present during our time. Clinebell expanded on this by highlighting how all five revised functions have been expressed during the modern era (see Table 3.1).

The context in which pastoral care is administered, however, has evolved to such an extent since Clebsch and Jaekle's definition, that a new definition should be formed, which will take our changing circumstances into account (Pattison, 2000, p.13). Lyall (2001, pp.8-11) identified several factors that have contributed to making pastoral care a very complex phenomenon. According to him it has become common practice for ministers-in-training to receive some training in human relationships or basic counselling skills that are influenced by secular therapies, with many ministers seeking advanced training in counselling. Furthermore, there is a level of pastoral care that happens spontaneously as people simply care for each other and lay people are also assuming more pastoral roles within congregations. Another change in our

circumstances, with regards to pastoral care, is that there is a definite pastoral dimension in the care and counselling offered by Christians working in secular counselling organisations. Lastly, it has to be noted that the word “pastoral” is also used within education, with no religious overtone attached to it (Wilson, 1985). Pattison (2000, p.12) offers several criticisms of Clebsch and Jaekle’s definition:

- i. They see pastoral care as primarily a clerical activity in which ordinary lay people have little part to play.
- ii. This definition is problem-centred and does not do justice to the needs of people who may not be troubled, but do need to grow.
- iii. It is implicitly individualistic in its focus by emphasizing the helping of persons rather than communities or groups.
- iv. The wider Christian community and its tradition are not seen as important either in terms of context or resource.
- v. Christian pastoral carers should also be responsive to needs and problems which do not necessarily “arise in the context of ultimate meanings and concerns”.

Pattison (2000, p.13) follows his criticisms with the following new definition:

“Pastoral care is that activity, undertaken especially by representative Christian persons, directed towards the elimination and relief of sin and sorrow and the presentation of all perfect in Christ to God.”

Pattison (2000, pp.13-16) expands his definition by highlighting various elements, thereby setting parameters for defining pastoral care:

- i. Pastoral care is described as an activity, which means that it is operation-centred and practical in nature. This seems to be in contrast with Campbell (1986, p.16), who believes that it is who you are, rather than what you do, and with Wright (cited in Pattison, 2000, p.14) who maintains that it is not what you do, but how you see the situation. However, Pattison believes that being a certain kind of person or seeing in a particular way are themselves actions and pastoral care should be part of changing the world as well as simply being in it.

- ii. Pastoral care is undertaken *especially* by representative Christian persons. This does not exclude lay people, but emphasises the fact that pastoral care is carried out in or on behalf of the Christian community. If it takes place outside this context, it should just be called “care”.
- iii. Pastoral care is not limited to caring acts for individuals. Much sin, sorrow and the capacity for growth find their roots outside the individual person. Pastoral care therefore needs to be flexible and able to respond at different levels of existence, according to human need.
- iv. Although pastoral care is carried out in or on behalf of particular Christian communities, it cannot be directed solely towards Christians. Pastoral care should therefore be directed towards presenting all people perfect in Christ to God.
- v. In order to be effective, pastoral care must pay close attention to people, the human situation and the world in which we live. Therefore pastoral care must obtain understandings from many different “secular” sources. In order to keep their own identity, pastoral carers should maintain a Christian vision, a spiritual life and a sense of being rooted in God, whatever means they use to undertake their caring. The underlying motivation for undertaking the pastoral care is therefore very important.
- vi. The overall aim of pastoral care is the aim of ministry as a whole, to increase love between people and between people and God. This is in correlation with Campbell’s (1985, p.1) definition of pastoral care.

In my opinion, Pattison has succeeded in setting clear parameters for his own definition of pastoral care. However, these parameters should be seen as vague boundaries of what pastoral care entails and no definition of pastoral care that is rigid, narrow or exclusive should be employed (Pattison, 2000, p.18). Lyall (2001, p.11) is in agreement with this when he states that neither a study of the literature nor an observation of those who practise pastoral care leads to a simple, commonly agreed understanding of the term. Therefore Lyall (2001, p.12) also offers a few parameters in which his own understanding of pastoral care can be located. According to him pastoral care:

- i. Involves the establishment of a relationship whose purpose may encompass support during difficult times and personal or spiritual growth through deeper understanding of oneself, others and God. At the heart of pastoral care lies the affirmation of meaning and worth of people. Pastoral care will try to strengthen their ability to respond creatively to the challenges of life.
- ii. Respects the autonomy of individuals and their freedom to make their own choices.
- iii. Enjoys a freedom, but not a compulsion, to draw upon the traditional resources of the community of faith, such as prayer, Scripture and sacrament. This will be determined by the stated, or perceived, needs of the individuals who receive the care.
- iv. Takes seriously the social and political context, with its ultimate aim being the transformation of society.
- v. May take the form of a more intense pastoral counselling relationship which will respect both the recognised characteristics of good counselling as well as these parameters of pastoral care.
- vi. Is located within a community of faith, either because of its setting or because the carer is a designated representative of that community.

In agreement with Lyall and Pattison, it appears to be more beneficial to have several parameters that will constitute the boundaries of pastoral care, rather than attempting to develop a clear and subsequently narrow definition of pastoral care. Since these parameters may be very broad in some cases, it is vital that there is clarity about the specific aim and purpose of pastoral care.

When the literature on pastoral care is surveyed in order to find the aim and purpose of this discipline, one concept that is repeatedly mentioned is “wholeness”. According to Hurding (1998, p.34), “humankind at heart seeks for wholeness”. If this term is approached from a Scriptural perspective, we find that two concepts are used to describe wholeness: the Hebrew concept of *shalom*<sup>5</sup> and the Greek concept of *teleiotes*<sup>6</sup> (Hurding, 1998, p.27). *Shalom* refers to well-being in the widest sense of the word, including concepts like contentment, health, prosperity, justice, unity

---

<sup>5</sup> שלום

<sup>6</sup> τελειωτης

and salvation, at individual as well as communal and creational levels. *Shalom* has therefore a much wider meaning than just “peace”, into which it is often translated. The New Testament word that refers to wholeness is *teleios* which is translated into “complete” or “perfect”, *telos* (end, conclusion, goal) and *teleiotes* (completeness, perfection) (Hurding, 1998, pp.28-30). Hurding (1998, pp.30-32) concludes his discussion on these terms by stating that God’s nature communicates *wholeness* and *completeness* and that He subsequently calls people to also be whole and complete, and equips them to achieve this. Wholeness or becoming complete thus stands in connection with what God would like us to achieve, i.e. to grow towards the ultimate goal of Christlikeness. Louw (1999, p.13) also refers to the term *teleios* and connects it specifically to Christlikeness or maturity of faith as the goal of our faith. The term *teleios* plays such an important role in his work that the pastoral phase model that he developed to be used for pastoral care and counselling is known as the *teleitiewe model*<sup>7</sup> (Louw, 1999, p.13). Louw, (1999, p.223) states clearly that maturity of faith or *teleion/teleios* (wholeness/completeness) should be the overall goal and purpose of pastoral anthropology as well as pastoral therapy. Clinebell (1984, p.26) has a similar point of view when he states that the overall goal of all forms of pastoral care and counselling should be to “liberate, empower and nurture wholeness, centred in Spirit”. Benner (2003, p.15) also sees the nurture and growth of the person as a whole as pastoral care’s aim, while Pattison (2000, p.13) states that the aim of pastoral care is not just to concern itself with sin and suffering, but also to lead people to a more fulfilled life. Although Pattison uses different words, it seems as though there is general agreement amongst practical theologians of note that the growth towards wholeness is the general aim and purpose of pastoral care.

These theologians, notably, Clinebell (1984), Campbell (1986), Louw (1999), Pattison (2000), Lyall (2001) and Benner (2003), also seem to concur that the integrity and the being of the pastoral carer are central to the care that is given to a person. The issue on which there appears to be a difference of opinion, though, is in which circumstances care should be described as *pastoral*. The various answers to this question do not reflect contrasting opinions, but rather differences in the parameters set and how “loosely” the term pastoral care could be applied.

---

<sup>7</sup> An Afrikaans word derived from the Greek word “*teleios*”



### *My own understanding of pastoral care*

In order to determine how *pastoral coaching* relates to pastoral care, it is important to set out my own understanding of this discipline. In my opinion, the specific circumstances that constitute pastoral care should also be included in a set of boundaries that comprise my own understanding and definition of pastoral care. In order to determine these parameters, I have drawn heavily on Pattison and Lyall's considerations, as they have reflected specifically on the changing context in which pastoral care is administered. However, the other above-mentioned theologians also played a crucial role in the development of my perception of pastoral care. Two other practical theologians who have also played a major part in the development of pastoral theology and care during the last half of the previous Century, who have not been mentioned yet, are Charles Gerkin and Donald Capps. The reason for this is that, although there are many similarities between my thinking and their theologies, they were not foremost in the initial development of my perception of pastoral care. However, as I reflected upon the process of *pastoral coaching* and endeavoured to make sense of what occurred, these two theologians had a big influence on my understanding of *pastoral coaching*. Therefore the specific impact they made will be discussed in Chapter 8 when I reflect on my practice. However, the following criteria form the parameters of my own understanding of practising pastoral care:

- i. The term *pastoral care* is used to refer to care that is being done in or on behalf of the Christian Church. When Lynch (2000) discusses the pastoral counsellor, he defines him/her as "someone whose counselling work arises out of their explicit affiliation to a particular church or religious organisation". Out of this definition it could be deduced that the word *pastoral* refers to the context in which or on behalf of whom the counselling or care takes place. Therefore this seems to be a generally acceptable use for the word *pastoral*.
- ii. The *being* of the pastoral carer is central to pastoral care. Building relationships of trust conveys the idea that the carer values the person and this enhances growth and meaning in them. In order to achieve this level of trust, it is imperative that the pastoral carer is clear about his/her own motivation for pastoral care and that he/she acts with integrity. This implies

that the autonomy of individuals and their freedom to make their own choices are respected.

- iii. Since pastoral care has been built on its own history, theories, skills and theological basis (Lyll, 2001, pp.xv-xvi), it enjoys a freedom, but not a compulsion, to draw upon the traditional resources of the community of faith. However, pastoral care must also learn from many different “secular” therapies in order to help *heal, sustain, guide, reconcile* and *nurture* people in the most appropriate and responsible way. Therefore various tools and techniques could be employed in the process of pastoral care.
- iv. Pastoral care should aim to help all people, whether they are believers or unbelievers, as individuals or in a group context. Pastoral care has a responsibility to be flexible and able to respond at different levels of existence, according to human need. Therefore pastoral care should also address structures in the larger society (Browning cited in Leech, 1998, p.86).
- v. Pastoral care’s aim should be to help people towards greater wholeness. This would entail maturity of faith, but should not focus exclusively on this aspect. Therefore a person should also be assisted in developing other areas of their life.

These criteria form my own understanding and definition of pastoral care. Subsequently an analysis of the various case notes will show whether *pastoral coaching* could be regarded as a form of pastoral care. If this is the case, it will be important to determine where *pastoral coaching* fits into practice of pastoral care.

### **3.2. Clinebell’s basic types of pastoral care**

As I determined my own understanding of pastoral care and the theoretical issues that seem to be important for the development of *pastoral coaching*, it became clear that Clinebell played a significant role not only in the development of pastoral care and counselling (Myers-Shirk, 2009, p.234), but also in my own thinking. Clinebell was one of the main authors on the practice of pastoral care during the last half of the previous century and is widely regarded as an expert of Western pastoral care and counselling (Lartey, 2003, p.22). His publications are used across the world (Lartey, 2003, p.22) and his *Basic Types of Pastoral Care and Counseling: Resources for the*

*Ministry of Healing and Growth* (1984) continues to play a significant role in the practice of pastoral care. This book was originally published under the title *Basic Types of Pastoral Counseling: New Resources for the Troubled* (Clinebell, 1966). He revised this book in order to reflect the development in his own thinking as well as the development in the field of pastoral care and counselling. In his revised edition, Clinebell places more emphasis on pastoral care as the context in which pastoral counselling occurs and highlights that certain types of pastoral care and counselling are normative in this context (Clinebell, 1984, p.10). He furthermore highlights that pastoral care borrows from various other therapies and subsequently includes all the main therapies up to the 1980s as potential resources for pastoral care (Van Katwyk, 2003, p.64). Clinebell (1984) expands on nine specific approaches, which constitute his *basic types* of pastoral care and counselling. Gerkin (1989) criticises the alliance between pastoral counselling and various secular psychological theories and schools of therapy, while emphasising using the language of faith and theology in the process of interpreting meaning (Van Katwyk, 2003, p.64). Although I agree with Gerkin that the use of theological language is commendable and contributes to ensuring that pastoral care remains true to its pastoral identity, I do also see the use of other therapies as vital for the development of pastoral care and counselling.

Since Clinebell's *Basic Types of Pastoral Care and Counseling*, the most important approaches to the practice of pastoral care, according to Van Katwyk (2003, p.64), were Capps' *Reframing* (1995b) and *Living Stories* (1997), as well as Stone (1994, 1999, 2001) and Kollar's (1997) work on Brief Pastoral Counselling. Capps adapts family systems therapy and neuro-linguistic programming's technique of reframing for the pastoral ministry, while Stone and Kollar both contest the tendency to address the root cause of problems in order to help people in the long term. Clinebell (1984, p.9) suggested that the passive, long-term psychotherapeutic methods were not particularly effective in the pastoral setting and with the development of solution-focused brief therapy (de Shazer, 1985, 1988), a new method was suggested for the ministry of pastoral care and counselling. Despite these important developments in the field of pastoral care methods, Clinebell's contribution to the field of pastoral care and especially his *Basic Types of Pastoral Care and Counseling* still seem to be highly regarded (Lartey, 2003, p.22).

Although I made use of Capps' reframing techniques during the process of *pastoral coaching* and was heavily influenced by Stone's work on brief pastoral counselling and wrote my Master's degree dissertation on this subject, I decided to use Clinebell's nine basic types as a reference point for the development of *pastoral coaching*. The main reason for this decision was that I wanted to locate *pastoral coaching* within the wider context of well-established and recognised methods of pastoral care. Furthermore, Clinebell is one of the few authors on pastoral care who wrote extensively on pastoral care to people struggling with drug and alcohol addictions (Clinebell, 1998). His own development and theory were clearly influenced by his direct experience of working with this client group. In later years, Clinebell built on his previous work, but focused more on helping people towards well-being and wholeness. Consequently he developed a model (Clinebell, 1992, pp.7-10) that is similar to life coaching's Wheel of Life (Rogers, 2008, pp.129-132). Clinebell thus developed theory that is important for my own reflection on and development of the theory of *pastoral coaching*. Not only is his work on the various types of pastoral care important for the location of *pastoral coaching* in the wider discipline of pastoral care, but his own approach was developed through his work with the same client group as I worked with. Similar to Clinebell, I also believe that pastoral care should aim to help people on their journey towards wholeness and in this process I used the Wheel of Life.

Clinebell thus made a substantial contribution to the development of the practice of pastoral care and his contribution to this field played a significant role in my own professional development. Therefore Clinebell will serve as my main dialogue partner as I develop a theory of *pastoral coaching*. Since my aim is to determine exactly what *pastoral coaching* entails and how it fits within the field of pastoral care, it is important to investigate how *pastoral coaching* relates to other forms of pastoral care, as identified by Clinebell, and whether it can be distinguished as a separate type of pastoral care. My reflections on the case notes will consequently be analysed against the background of the various recognised types of pastoral care. This analysis will thus indicate whether *pastoral coaching* is an established form of pastoral care or whether it could be described as a new form of pastoral care. In order to make this distinction, the various types of pastoral care must first be differentiated.

Of the nine types of pastoral care and counselling that Clinebell discusses, three (*bereavement, marriage and family enrichment care and counselling*) are not applicable to *pastoral coaching* as a whole, as they are more descriptive of the problem that clients wish to address, rather than describing the method that is followed. Although it could be argued that crisis counselling also describes the situation, rather than a method, this type is recognised as applicable to the research into *pastoral coaching*, since the situation often encompassed crises experienced by clients of the brief interventions therapy where the research was conducted. Two other types, *group care and counselling* and *pastoral psychotherapy*, are also excluded from this discussion, as they involve two methods that were not part of the scope of brief interventions therapy in which *pastoral coaching* developed. Brief interventions therapy was specifically aimed at the individual and short-term work, thereby excluding group and long-term work. A sixth type that is excluded from this discussion is *referral care and counselling*, as this type aims to involve other people in helping a troubled person by referring him/her to other services. Although I referred clients to other services in certain circumstances, this type of pastoral care never formed the foundation of the *pastoral coaching* and is therefore excluded. There are thus three basic types of pastoral care and counselling that may be applicable to *pastoral coaching* and will subsequently be described in more detail.

### **3.2.1. Supportive pastoral care** (Clinebell, 1984, pp.170-182)

In supportive pastoral care, methods are used to stabilise, undergird, nurture, motivate or guide people who are struggling. These methods are used to enable them to handle their situations more constructively within the limits of their circumstances or personalities. Supportive pastoral care does not aim to give individuals in-depth insight or help them to achieve radical personality transformation. The goal is rather to assist individuals to gain the strengths and perspective to use their psychological and interpersonal resources more effectively in coping creatively with their specific situation. This form of pastoral care thus helps people to deal with their current circumstances, so that they will be able to cope better in the future. This method depends on a strong, empathic pastor-client relationship. In longer term, psychotherapeutic work, the relationship is the foundation on which the in-depth work takes place. In supportive pastoral care the relationship *per se* is the primary

instrument of change. This means that by relating trustfully to the pastor, these individuals are able to draw on the pastor's inner strength, which helps them to deal with their situation more constructively.

Supportive pastoral care methods are more action-orientated than pastoral psychotherapeutic work and involve a greater degree of activity from the pastor. In this type of pastoral care the pastor makes more use of guidance, information, reassurance, inspiration, planning, asking and answering questions and encouraging or discouraging certain forms of behaviour. Supportive methods also play a significant role in other types of pastoral care, especially crisis pastoral care. A caring relationship becomes supportive pastoral care when counselling methods are used to help someone cope with their specific issue or problem. Clinebell identifies seven methods of supportive pastoral care:

- a. Gratifying dependency needs.* The pastor plays the role of a "good parent" on whom the client can lean. There are many forms of dependency gratification, including comforting, sustaining, inspiring, guiding, protecting and instructing. This communicates caring to the client.
- b. Emotional catharsis.* The client is given an opportunity to pour out their feelings and thus drain the poison from their wounds. It furthermore reduces the paralysing anxieties that could inhibit judgement and problem-solving abilities. Knowing that someone else knows and cares about one's inner pain, can provide strength to deal with the challenges they are facing.
- c. Objective review of the stress situation.* The relationship allows an individual to gain a wider perspective on his/her situation and explore feasible alternatives. This objectivity assists him/her in making wiser decisions about what action should be taken.
- d. Aiding the ego's defences.* This is the opposite of uncovering, confronting or probing. In certain circumstances it might be more helpful to allow for certain defences, instead of aiming to break them down.
- e. Changing the life situation.* The supportive pastor may assist clients in making changes to their circumstances. The practical help they may provide during the pastoral care can have a strong supportive effect.

*f. Encouraging appropriate action.* When individuals are stuck or overcome by their circumstances, it is often helpful if the pastor prescribes some activity. This may give them temporary structure and provide them with ways of changing their painful situation.

*g. Using religious resources.* Valuable supportive resources that could be used during pastoral care include prayer, Scripture, devotional literature or communion. When these resources are employed in the correct manner, they may communicate to clients that their lives have meaning that transcends the pain they are experiencing. It can also increase awareness of the supportive power of the Spirit that is available to both the pastor and the client, in and beyond the session.

When faced with the choice between supportive or uncovering methods, the most helpful criterion is an individual's level of ego strength. Someone with a relatively weak, rigid, or defective ego development usually does not respond to uncovering or insight methods. In these cases supportive methods should be the method of choice. People with sturdy egos generally have firm, positive answers to two questions: "Who am I?" and "What am I worth?" A considerable degree of ego weakness is often found when dealing with chronic alcoholics, drug addicts, psychotic individuals, the chronically depressed, those who are dependent or those with chronic multiple psychosomatic problems. In working with these clients, a supportive approach would probably be more helpful.

There are at least four varieties of supportive pastoral care: *crisis*, *stopgap*, *sustaining* and *growth*. *Crisis* pastoral care will be dealt with under the next heading. *Stopgap* supportive pastoral care supports people until they can be referred to another professional. *Sustaining* pastoral care uses supportive methods periodically within a long-term pastoral relationship. The goal is to help them continue to function at their own optimal level, despite their difficult life situations. Occasional brief counselling contacts can often be very helpful to sustain clients over the long term. *Growth* pastoral care focuses on helping someone to handle life situations constructively by making better use of their personality resources and relationships, rather than a fundamental reorientation of their personalities. Short-term supportive relationships enable some individuals to use their own strength much more effectively. This method does not focus on any underlying issues; instead it provides

a supportive, accepting relationship that becomes a growth environment for the client.

### **3.2.2. Crisis pastoral care** (Clinebell, 1984, pp.183-217)

The context in which traditional pastoral care usually takes place is the church. In this setting the pastor has a network of relationships with people in the congregation, is trusted and is normally very accessible. This position gives a pastor an ideal opportunity to be involved in crises that people may experience; pastors could therefore be regarded as natural crisis counsellors. In this ministry pastors help clients to discover meaning and hope amidst the crises they are experiencing. As spiritual growth-enablers, they help crisis-stricken people to discover the meaningfulness of life lived in relationship with God.

There are four aspects to crisis pastoral care: the general ministry of pastoral care to people who are experiencing difficult times; informal crisis counselling that could take place in various settings and at various times; short-term formal crisis counselling and long-term therapy to help people deal with the implications of a crisis. A crisis usually occurs within people when their normal problem-solving activities are ineffective, allowing the stress of the unmet need to become out of control. Crises can be divided into developmental and accidental crises. The former is an integral part of any individual's life and growth and usually occurs during major life transitions, like going to school, getting married, having children, etc. These stressful experiences are crises, since they pose problems for which the individual's coping abilities are inadequate. Accidental crises can occur at any age and are precipitated by unexpected losses of what someone regards as essential sources of need satisfaction. This could include loss of status and respect, having an accident, an unwanted pregnancy, etc. Although crises may be times of danger, stress and pain, they are also opportunities for growth where people could potentially move towards greater personality strength and wholeness. If an individual could be helped to face the crisis and cope with it in a healthy way, there is usually no need to attempt the difficult, time-consuming process of searching for the underlying reasons for the initial response to the crisis.

Most of the formal counselling that pastors do within the ministerial setting is short-term in nature, usually between one and five sessions. These brief interventions can



play a major role in helping people cope with crises and will normally help them to “turn a corner”. Several approaches are helpful during these short-term sessions with clients:

- Listen intensively and reflect feelings with caring.
- Use questions carefully to focus on conflict areas rapidly.
- Help individuals to review the total problem.
- Provide useful information.
- Focus on the individual’s major conflicts, problems and decisions with the aim of clarifying the viable alternatives.
- Help the person decide on the next step and take it.
- Provide practical guidance when it is needed.
- Give the person emotional support and inspiration.
- Move into longer-term counselling if brief counselling does not prove adequate.

Most crisis pastoral care utilises the basic methods of supportive pastoral care as outlined in the previous section. However, one of the methods that could be followed specifically during crisis pastoral care is the ABCD model, which consists of the following four steps:

- A. Achieve a relationship of trust and caring
- B. Boil down the problem to its major parts
- C. Challenge the individual to take constructive action on some part of the problem
- D. Develop an on-going growth action plan

Pastoral carers confront and comfort, they challenge and they care. It is the bringing together of these two paradoxical dimensions, judgement and grace, that produces growth in pastoral care.

### **3.2.3. Educative pastoral care (Clinebell, 1984, pp.323-348)**

Some of the best opportunities for counselling that pastors get require a blending of the skills of creative education and dynamic counselling. This is called educative

pastoral care and aims to foster wholeness in individuals. In this approach certain knowledge, beliefs, values and coping skills are communicated in a personalised counselling process. This is more than just sharing information. By utilising counselling skills the individual is helped to understand, evaluate and apply the relevant information in order to cope with their particular situation.

This type of pastoral care is relatively natural in the normal ministerial setting, since pastors are both educators and counsellors. It is especially useful in preventative group pastoral care and counselling and can be used to help prepare people for developmental crises or life transitions, like marriage.

Educative pastoral care shares the same characteristics of all types of pastoral care. However, it becomes educational as it aims for three goals:

- a. Discovering what facts, concepts, beliefs, values, guidance, skills or advice are needed for individuals to cope with their problems.
- b. Communicating these directly to individuals or helping them to discover it for themselves.
- c. Helping individuals utilise this information to understand their situation, make wise decisions and handle their problems constructively.

This process requires listening to a person's needs and interacting with them around their specific needs and feelings. Education will only be relevant if it is used to address the immediate circumstances of the client. Educative pastoral care does not aim to develop ethical principles for life in general, but aims to assist individuals in the midst of the issues they are dealing with. Two forms of guidance can be distinguished: educative and inductive. The former tends to draw on the person's own experiences, resources and values for making decisions, while the latter tends to lead the person to adopt a certain set of values and criteria, by which he/she can make his/her decisions. Educative pastoral care blends these two approaches into one method, according to the specific situation. The educative counsellor's function is thus to assist the person in acquiring skills and coping constructively with his/her problems. As part of this process they often share their own knowledge and experience with clients, when it seems appropriate.

Theoretically the following six assumptions form the foundation of educative pastoral care:

- a. Intellectual knowledge is an important resource for handling reality constructively.
- b. Most people who come for counselling could make some use of the information derived from the educative pastoral care process.
- c. A pastor possesses knowledge, values and skills that can be useful to many clients.
- d. Counselling skills can help an individual utilise relevant information.
- e. Facts, insight, values and skills can help many people cope more effectively with the challenges they face.
- f. Some of the most effective teaching a pastor does is modelling constructive beliefs, attitudes, values and behaviour.

These three types, supportive, crisis and educative pastoral care, seem to form the basic types of pastoral care that may be applicable to *pastoral coaching*. Therefore they will be used to determine how *pastoral coaching* relates to the wider discipline of pastoral care and whether it could be regarded as a new approach to pastoral care. The most important aspect to pastoral care, though, is not the techniques that are used, but the relationship in which they are administered. Without a warm, accepting relationship, the specific methods of pastoral care, as described by Clinebell (1984), will become mere techniques: “sterile, manipulative and ineffective” (Clinebell, 1984, p.429). However, when these techniques are used within an accepting, energised, caring relationship, they become means by which the relationship’s healing power is released (Clinebell, 1984, p.429). Since the relationship plays such an important role in the success of pastoral care, the question is what the key ingredients of such a relationship should be. More to the point, the real issue is what the pastor should bring to the relationship, since he/she is usually approached by the client who is struggling with certain issues or crises. This issue highlights the tension that exists between *being* and *doing* in pastoral care. More emphasis is clearly placed on the *being*-functions (Campbell, 1986, p.16) of the pastor and the relationship he/she has with the client, rather than the specific method or technique he/she employs in the practice of pastoral care. As a result, one of the key ingredients to pastoral care is the personal qualities of the pastor.

### 3.3. *Being and doing in pastoral care*

The success of pastoral care depends to a great extent on the immediacy of support and bodily presence of the pastoral carer being with the person, rather than using specific counselling techniques. Pastoral care is therefore embodied care by *being* rather than *doing* (Campbell, 1986, p.16) and is consequently rooted in the personal and pastoral identity of the pastor (Lyall, 2000). Empirical studies have identified three characteristics that are crucial to any counsellor. These characteristics are sometimes described as the therapeutic triad and are *congruence*, *non-possessive warmth* (caring and respect) and *empathic understanding* (Truax and Carkhuff, 1976, p.141). Clinebell (1984, pp.418-419) added three more characteristics to the personality of the pastoral carer: *an inner sense of identity*, *the therapeutic attitude of a wounded healer* and *personal aliveness*. These six characteristics could be described as follows:

- a. *Congruence* refers to the genuineness of the pastor. His/her words and real feelings should be aligned and he/she should act with integrity. The opposite of congruence is the putting on of an act or displaying a lack of authenticity.
- b. *Non-possessive warmth* or unconditional positive regard is to demonstrate the equivalent of grace in a relationship. This is the blend of warmth, caring, acceptance, interest and respect for the person.
- c. *Empathic understanding* means that the pastoral counsellor enters into the individual's inner world of meanings and deep feelings through listening with caring awareness.
- d. A sturdy *inner sense of one's identity* refers to the pastor's sense of personal worth and identity which forms the nucleus of ego strength. Pastors need to possess a centred awareness of their own value and personhood.
- e. The *therapeutic attitude of a "wounded healer"* means that the pastor identifies with the person in his/her need. Barriers of pride between the helper and the client are thus broken down and replaced with a sense of humility.
- f. Pastors should have the essential quality of *personal aliveness* and should be enliveners of others, who enable them to live life to the full. Clients should experience a zestful aliveness after spending time with a pastor.

These six qualities of the pastor are an essential part of the relationship between the pastor and the client and accentuate the central role the being of the pastor plays in pastoral care.

In order to make pastors aware that their pastoral competence does not lie in merely *doing*-functions or in specific knowledge, but in essence in *being*-functions, pastoral care sometimes uses pastoral metaphors (Oden, 1984; Gerkin, 1991). A metaphor is a concept that uses a familiar image to describe or explain something that is unfamiliar. A pastoral metaphor thus aims to link faith content with faith life, thereby communicating God's presence with people amidst their crises (Louw, 1999, p.60). When pastoral care is described in terms of metaphors, it points to the fact that pastoral care communicates and represents something of God's care and compassion to people (Louw, 1999, p.61). For pastors, metaphors could be seen as theological presuppositions that *being* is more essential to enabling growth than *doing* (Augsburger, 1986, p.350). This view lies at the heart of my own understanding of pastoral care: that God is with us and when pastoral care is provided then something of God's presence and care is communicated to the person who is supported. Subsequently, I also operate from the viewpoint that pastoral care is about *being* more than it is about using certain techniques or methods. Campbell (1981) identified three traditional images of the pastor: shepherd, wounded healer, and wise fool. Louw (1999, pp.61-78) changed the names of these three metaphors slightly and added a fourth Biblical metaphor that could be used to describe the *being*-function in pastoral care:

*i. The shepherd metaphor (care and sensitivity)*

In the Old Testament God was often seen as shepherd of His people. The characteristics Israel linked to this metaphor were His grace, love and faithfulness. The shepherd metaphor thus communicates something of God's style; how He works with people. They felt safe, knowing that they were part of His flock, backed by the Covenant of grace they had with God. Later in the Old Testament it was prophesied that a Messiah would come who would be the Shepherd of God's people. In New Testament times, a shepherd was often seen as a disgusting figure, yet Jesus used this metaphor to describe something of God's love for people. In order to communicate His style of compassion, care and love, the good Shepherd had to

sacrifice His life for His flock. He did this with the aim of salvation for His people. When this term is used for the pastoral carer, it refers to the loving style of the pastor. Through this medium, God's care of the world, as well as His purpose of this care, salvation, is communicated to people. The shepherding function of pastoral care represents God's caring and compassionate presence with people amidst their crises.

*ii. The servant metaphor (therapeutic service and compassion)*

The servant metaphor in the Bible communicates God's identification with the suffering of humans. It connects God's compassion with human suffering as a result of illness, sin, persecution and death. This metaphor is prominent in the book of Isaiah. The servant of God in Isaiah makes the will of God known and confirms God's faithful care, reign and justice. The servant also represents the motive of comfort and assistance and will take the punishment on behalf of others. The identification of God with human suffering is clear in the work of Jesus Christ. He came as servant and sacrificed His life for many. In Philippians 2:6-11 Jesus is the Son of God who became a servant of people. When this metaphor is used for pastoral care it communicates sacrifice and identification with the person in need. It communicates Christ's substituting suffering with the aim of salvation of humans. Furthermore, there is a direct link between suffering and Jesus' therapeutic work and ministry of healing. In pastoral therapy there is thus a dimension of healing that stands in connection with the reigning of God and His kingdom. This therapeutic dimension is not only aimed at the spiritual or psychological level, but also at the physical level.

*iii. The wisdom metaphor (discernment and insight into the will and presence of God)*

The origin of wisdom is found in love and respect for God. In Proverbs 9:10 it is stated that wisdom begins by serving the Lord. The sensitive discernment about life begins with the knowledge of who God is. Wisdom does not refer in the first place to God's work in history, but rather refers to daily human experience in the world. Wisdom entails practical skills and stands in connection with human creativity. Wisdom thus aims to help people know how they should live, how they should act towards other people and how they should act in the presence of God. One of the

characteristics of wisdom is that it often works with paradoxes. We see this in 1 Corinthians 1:18-25, where Jesus is called the wisdom of God. However, He is revealed to us in the opposite; weakness, which may seem foolish to us. The wisdom metaphor does not try to sidestep suffering, but rather meets it. Wisdom means that you live with the paradox of trust and faith in the midst of suffering. This metaphor implies that the pastor is often vulnerable with the people who are suffering. Instead of giving all the answers, he/she can say that they do not know why certain things are happening, but they do know that God is present, even if all the so-called facts show the opposite.

*iv. The paraclete metaphor (comforting and empowerment)*

Paraclete means helper, advocate, counsellor or comforter. According to Louw, this metaphor that is present throughout the Bible is the best metaphor for the content and style of pastoral care. There is a direct link between God's comfort and help of people in need and the comfort and help provided by the pastor. This metaphor has an indicative component of care and comfort (salvation in Christ based on His sacrifice and resurrection) as well as an imperative component (reprimand and encouragement). Pastoral care does not address people in terms of their deficiencies or sin, but in terms of their gifts and who they are in Christ. People are not just sinners, but sinners on whom grace has been bestowed.

Although these four pastoral metaphors give a thorough indication of what pastors should communicate through their *being* with clients, I discovered through my reflection that another pastoral metaphor may be present in the process of *pastoral coaching*. This metaphor is similar to Kornfeld's (1998, pp.10-11) pastoral metaphor described below:

*v. The gardener metaphor (caring towards wholeness)*

The gardener metaphor communicates that pastoral carers should tend to the ground as well as cultivate the plants growing in the ground. The gardener does not make the plants grow, God does. The gardener attends to their growth as the plants become what they were meant to be. The pastor as gardener tends to others' growth during natural life events as well as when crises occur. During times of great loss there is nothing gardeners can do to "fix" the situation and they can only be with those in

need. During pastoral sessions pastors often plant seeds that only much later bear fruit.

These metaphors communicate that the pastor should be someone who conveys certain aspects of God during the pastoral relationship to the client. Although I fully believe in this *being* of the pastor for the client, my own experience of practising pastoral care is that clients would benefit if a specific pastoral method was added to these *being*-functions. I have often felt frustrated by the lack of a method that could be used to help clients practically, while still being *pastoral* in nature. Subsequently I perceived the lack of focus on the *doing*-functions as a gap in the practice of pastoral care.

Stone (2001, p.197) referred to this gap after a study of the most important authors in the field of pastoral care since 1950 revealed that many disregard method and technique in pastoral care. Many of these authors discuss the pastoral relationship at length, but frequently omit what pastors should *do* once the session begins (Stone, 2001, p.197). In order to address this gap, Stone reflected on the theory of solution-focused brief therapy and found that this method has real relevance for the practice of pastoral care, especially in congregational ministry (Stone, 2001, pp.202-204). Kollar (1997) also used this theory to develop a short-term approach for pastoral care and counselling. Stone (2001, p.205) furthermore states that the field of pastoral care needs to focus on finding new ways to do counselling in a short period of time. As I applied solution-focused brief therapy in my practice of pastoral care, I encountered life coaching. This method is also short-term in nature and also aims to help clients “turn a corner” (Stone, 2001, p.203), instead of making radical changes to their personality. Hence, I felt that life coaching could make a similarly positive contribution to the practice of pastoral care as was the case with Stone and Kollar’s approach to solution-focused brief therapy.



### 3.4. Conclusion

In this chapter key literature in the field of pastoral care, which is directly relevant to this thesis, was explored. During Stage 1A of the Professional Doctorate (Beukes, 2007; Appendix C) a broader literature review of this field was compiled. However, in this chapter I established a set of criteria that entails my own understanding of pastoral care. This set of criteria will be used to determine whether *pastoral coaching* can be identified as a form of pastoral care. If this is indeed the case, then this form of pastoral care needs to be investigated further in order to ascertain how *pastoral coaching* relates to the wider field of pastoral care. Subsequently, various types of pastoral care have been identified which would serve as points of reference for the location of *pastoral coaching* within the wider discipline. It was established that Clinebell has played a significant role in the development of my understanding of pastoral care. I will subsequently analyse *pastoral coaching* against some of the contributions he has made to the field of pastoral care. Furthermore, during the exploration of pastoral care it transpired that a tension exists between the *being* of the pastor and the using of certain *methods* or *techniques* in the field of pastoral care. The lack of practical methods that is pastoral in nature was identified as a gap in the practice of pastoral care. Consequently this research aims to address this gap by developing a theory of *pastoral coaching*. In order to determine how *pastoral coaching* relates to the wider discipline of life coaching, this subject will be explored in the next chapter.

## **Chapter 4**

### **LIFE COACHING**

The aim of this chapter is to locate *pastoral coaching* within the theoretical context of life coaching. Therefore specific attention will be given to determining my own understanding of what life coaching entails, as this has a direct impact on my practice. Furthermore, the various types of life coaching will be considered and the case will be argued that solution-focused brief coaching was the type of life coaching from which *pastoral coaching* developed. Subsequently this model will be described in more detail and this will form the theoretical framework that will be used in later chapters to analyse *pastoral coaching* and determine its relationship with the wider discipline of life coaching. The tension between *being* and *doing* in life coaching will also be considered. Lastly, it will be discussed whether life coaching is an appropriate method for people struggling with substance misuse, as this was the main issue of clients who attended the charity where I worked.

#### **4.1. Developing my own understanding of life coaching**

Coaching is a relatively new phenomenon that began in the mid- to late 1980s in the United States (Bowsher, 2005, p.4). Although it appears to originate from sports coaching, the coaching profession also combines various elements of what has been learnt about human achievement and performance through disciplines like psychology, education, management development, training and personal development (Rogers, 2008, p.20). These various elements have been combined into a standardised and proven method to help people become more successful (Williams, 2004) and has become a popular strategy for business leaders to enhance their own, as well as their organisations', performance (Reiss, 2006, p.6). As coaching has grown as a separate discipline many specialist types of coaching have been developed, like business or executive coaching, health coaching, relationship coaching and leadership coaching.

Life coaching emerged more recently and is currently gaining popularity amongst private individuals as well as the business world (Mumford, 2007, p.15). This type of coaching not only assists people in increasing their performance at work, but also

helps them to achieve greater life balance as well as personal growth and fulfilment outside the organisational context (Mumford, 2007, p.15; Zeus and Skiffington, 2002, p.18). This form of coaching thus helps individuals to grow, change or improve their lives. Clients of life coaching are helped to work through change and life transitions by assisting them in learning new skills, learning about themselves and others and to adopt strategies that allow them to live the life they choose with purpose and increase their overall well-being and enjoyment of life (Zeus and Skiffington, 2002, p.18). Life coaching is primarily a short-term intervention (Alexander and Renshaw, 2005, p.14) that aims to increase mental wellness, rather than overcoming mental illness (Nelson-Jones, 2007, p.7). A recent randomised controlled trial on evidence-based life coaching as a mental health prevention and promotion strategy that was done to achieve a Doctorate in Clinical Psychology (O’Riordan, 2009, p.6) showed clearly that this method can significantly increase people's levels of well-being. It is therefore a highly effective method that can help individuals to become more successful, in as far as they see it. In addition it may also be instrumental in preventing mental illness from occurring in the first place by “providing people with the necessary skills to handle life's ‘curve-balls’ before they hit” (O’Riordan, 2009, p.6). As a result, clients are often very competent people who would like to maximise certain aspects of their potential and get more out of life in general. Life coaching achieves this by using psychological knowledge to address everyday issues and problems that may occur in different areas of life such as relationships, health, career, finances or spirituality (Nelson-Jones 2007, p.7). The emphasis in life coaching is placed on the present and the future rather than the past (McCluskey, 2000, p.20). Consequently goal-setting is an integral part of life coaching and clients who are coached are helped to clarify their goals and schedule their actions in order to be more successful (Martin, 2001, p.20). Life coaching further operates from the perspective that a small change in one area of life may create momentum in other life areas as a result (Robbins, 1991, p.128). Although many therapies also emphasise present action and forward motion, their focus is often more towards understanding what went wrong and achieving acceptance of that, in order to move forward. In contrast, life coaching operates from the perspective that a person is fundamentally whole, healthy and strong enough to deal with the challenges they are facing (Mumford, 2007, pp.10-11). Life coaching consequently helps clients to perform better by enhancing their awareness,

responsibility, self-confidence and self-reliance (Whitmore, 2006, p.xv). This research will focus specifically on *life* coaching, also known as personal or life skills coaching, since this is the type of coaching that was practised in the context of the specific charity.

Life coaching has grown in popularity over the last three decades and is now regarded as one of the fastest growing professions in the Western world (McNamara, 2007, p.2). Thomas Leonard founded the International Coach Federation (ICF) in 1995 and is considered to be the founder of the modern coaching profession. In 2005, the ICF reported over 8500 member coaches from 34 countries. The number of ICF members doubled in two years (2003-2005) and coaching seems to be flourishing as results of this type of intervention are becoming known (Reiss, 2006, p.14). In the United Kingdom the Association for Coaching was established in 2002 and in 2005 a Coaching Psychology Section was set up by the British Psychological Society (Nelson-Jones, 2007, p.1) and already had more than 2000 members by 2006. In 2008 the Society for Coaching Psychology was established. The aim of this international society is to promote coaching psychology around the world and to encourage the development of the theory, research and practice in this field. Although it is clear that life coaching has grown significantly in popularity during the last decade, it is not always so clear what the reasons are for its attractiveness. The following reasons may have contributed considerably to the growth of the coaching profession:

- i. The technology and information revolution, as well as globalisation (Foster-Turner, 2006, p.2). We live in a time where the advances in technology and especially the internet have increased the demands on people's time and effort. Information is easily accessible and the world has become "smaller" than a few decades ago. As a result many people's work lives often impinge on their personal lives, which in turn increases the pressure on them. In order to cope in this constantly moving and very busy environment, it is important that people learn to adapt and change and life coaching is a very effective method of helping people to adapt to change (Reiss, 2006, p.12).
- ii. The pressure to increase performance. As a result of all the advances in information technology, competition between organisations as well as

individuals has increased significantly. As a result a lot of emphasis is placed on individuals to constantly learn and develop so that their performance may be improved. Life coaching is especially suited to address this issue by helping clients become more effective (Foster-Turner, 2006, p.9).

- iii. Changes in the business world. These changes have resulted in a recognised need for guidance from professionals who can support, encourage and help individuals and organisations to master changes and succeed in a competitive world (Zeus and Skiffington, 2002, p.7).
- iv. Increased emphasis on emotional intelligence. This ability is known to be a greater predictor of success in a leadership position than technical or cognitive skills. Recent research (Cherniss, 2000) suggests that a person's ability to perceive, identify, and manage emotion provides the basis for the social and emotional competencies that are essential for success in most jobs. Trained life coaches are equipped to deal directly with emotional intelligence in order to improve effectiveness, productivity and overall well-being (Reiss, 2006, p.28).
- v. The transference of therapeutic skills to the corporate environment. The managed care environment of the 1980s brought about a decline in income for therapists, many of whom are now applying their skills in the corporate arena (Zeus and Skiffington, 2002, p.7).
- vi. The non-stigmatisation of the coaching profession. Counselling or psychotherapy often has a stigma of having psychological problems attached to it. This is not the case with life coaching and many clients view their coaching as something positive (Nelson-Jones, 2007, p.9).
- vii. The rise in sport consciousness. The recognition of sports coaches' contribution to sporting success has also contributed to the rise in business and life coaching (Zeus and Skiffington, 2002, p.7).
- viii. The importance of continuous professional development. More and more organisations are realising that learning is not sustained unless individualised follow-up is incorporated into a training programme. Many individuals revert back to old ways when new skills seem too difficult to use. Coaching can prevent this from happening (Zeus and Skiffington, 2002, p.7).
- ix. The pursuit of happiness. Although there has been an increase in the economic affluence in the Western world, there has not been a corresponding

increase in overall happiness (Nelson-Jones, 2007, p.7). Nelson-Jones (2007, p.7) quotes figures on divorce rates and the breakdown of traditional support systems, such as the extended family and local church as examples of increased unhappiness in the West. However, there is also an increase in psychological knowledge and the possibility of using this knowledge to help people lead happier lives (Nelson-Jones, 2007, p.8). Life coaching often assists individuals in rediscovering their purpose and passion and enables them to connect with what matters most to them in their daily lives (Reiss, 2006, p.14).

These reasons all seem to indicate that our environment has changed radically during the last two decades and that it is imperative for us to be able to adapt constantly, or we may be left behind. Furthermore, people seemed to have realised that they also need to remain true to what they value in life and that work-life balance and fulfilment are important aspects of life. Life coaching has managed to utilise the insights from various disciplines in order to help people adapt to change, while increasing their performance. However, it has done this without sacrificing what people value. This may well be the main reason for the current attractiveness of life coaching.

The task of life coaches is thus to help people find direction and focus for their lives and their careers (Collins, 2001, p.15) and guide them from where they are towards the greater competence and fulfilment that they desire (Collins, 2001, p.16). This can be accomplished when life coaching continuously searches for ways to make the most of what the client already has (Berg and Szabó, 2005, p.15). Life coaching thus aims to help individuals develop and fulfil their inherent potential. A central aspect of this aim is to effectively empower individuals to find their own answers and encourage and support them on their path as they continue to make important choices (Whitworth, et al., 2007, p.xx). During this process, problems are solved, performance is improved, goals are attained and results achieved. The life coach's task in this process is to help clients articulate their dreams, desires and aspirations, help them clarify their mission, purpose and goals and help them achieve that outcome (Whitworth, et al., 2007, p.5). Although clients may bring several different goals that they want to achieve through life coaching, such as working on their

career or their relationships (Passmore, 2006, p.3), Whitworth, et al. (2007, p.7) suggest that these goals can usually be linked to one of three core issues: *fulfilment*, *balance* or *process*:

- i. *Fulfilment* refers to the process of finding and experiencing a life of purpose and reaching one's full potential. A fulfilling life could therefore be described as a life of meaning, purpose and satisfaction (Whitworth, et al., 2007, p.127). Fulfilment could also be described as wholeness or satisfaction with life (Whitworth, et al., 2007, p.130). In order to experience fulfilment, living according to one's values therefore seems to be crucial (Whitworth, et al., 2007, p.131). One of the central aims of a life coach is thus to help clients clarify their own values and live according to them. According to Collins (2001, p.20), who writes from an Evangelical Christian tradition, several books and professional articles on coaching frequently mention values and sometimes even refer to spirituality although most are written for a secular market. The main reason for this interest in values within life coaching literature is because of the impact values can have on the achievement of goals. Clients sometimes experience a conflict between their desires and their value systems and subsequently do not perform as well as they would like to (Martin, 2001, p.5). Although Martin (2001, p.5) believes that changes in negative or undesirable values could accelerate the achievement of outcomes, she also states that the primary function of the life coach is not to change the client's beliefs and values, but rather to achieve results (Martin, 2001, p.5). Collins (2001, p.102) seems to agree with this view that clients' values should not be changed, but also makes it clear that these values should be clarified and then focused on in order to help clients achieve their goals. Collins (2001, p.99) reckons that people will not make significant progress during coaching unless they have thought through their own values. It appears therefore as though one of the fundamental principles of life coaching is that values underlie goals. In order for life coaching to be effective, values thus need to be addressed, which will in turn lead to a greater sense of fulfilment if clients live according to their own values.

- ii. *Balance* refers to the desire many clients have to balance important priorities in their lives, so that life is more satisfying (Whitworth, et al., 2007, p.141). This is a dynamic process, which means that an individual can never be totally in balance. However, he/she can move towards or away from balance (Whitworth, et al., 2007, p.9). Life coaching aims to assist individuals in moving towards greater life balance by focusing on issues that are out of balance and need some attention. Balance is often referred to as work-life balance. Work-life balance is becoming increasingly important in the work environment and employers have to ensure that employees balance the various areas of their life with their workload. A British survey on work-life balance found that 79% of participants struggled to balance competing demands of work and home at least some of the time, which contributed to 66.9% of the respondents suffering from stress-related illnesses (Work Life Balance Centre, 2007). Life coaching aims to address this relevant issue of achieving greater balance in life.
  
- iii. *Process* refers to the internal experience of an individual as they work towards achieving their preferred outcomes (Whitworth, et al., 2007, p.156). The aim is to help clients become more aware of the moment and experience it fully (Whitworth, et al., 2007, p.156). Life coaching aims to assist people on their journey by encouraging and supporting them and asking powerful questions that will help them to learn and grow during this process. According to Williams and Thomas (2005, p.2) formal education neglects at least seven essential areas of learning: *how best to learn, how to maximize your well-being, how to live your life on purpose, how to design and create the life you desire, how to be a catalyst for others' growth and development, how to be a good spouse and how to be an effective parent*. By assisting clients during the process of striving towards their goals, life coaching aims to fill this void of formal education and enable individuals to learn during the process.

These three aims of life coaching, as defined by Whitworth, et al. (2007), are also regarded by other authors on life coaching as the purpose of this discipline. Martin (2001, p.10) states that life coaching should help people to increase balance in the



various areas of their lives while Zeus and Skiffington (2002, p.18) state that life coaching should assist individuals in finding fulfilment and balance as they work through transitions. Process is also implied in the literature, since life coaching helps people in their development as they progress through periods of change and assists them in “closing the gap between potential and performance” (Rogers, 2008, p.8). Bowsher (2005, p.20) also refers to one of the apparent aims of life coaching when he remarks that the word “balance” seems to be repeated often in life coaching literature. According to these various authors it seems therefore as though life coaching’s central role is to help people find fulfilment and balance and learn through this process. All three of these concepts could however be summarised by stating that life coaching’s main aim and purpose is to help individuals achieve “wholeness”. Fulfilment will give clients a sense of being whole (Whitworth, et al., 2007, p.130), while focusing on various areas of their lives in order to improve balance will also increase this feeling of wholeness (Bowsher, 2005, p.20). Learning and experiencing every moment during the process will also contribute to “wholeness”.

Although life coaching thus seems to be a form of coaching that is specifically aimed at life outside the business context in order to help people achieve a greater sense of wholeness, it is still a very broad term. Life coaching could, for instance, be divided into various specific methods, like behavioural coaching, solution-focused coaching, neuro-linguistic programming (NLP) coaching and transpersonal coaching. As a result, various definitions of life coaching currently exist. In order to determine my own understanding of life coaching, different definitions of this term will now be explored.

John Whitmore, who is widely regarded as one of the founders of life coaching, states that this discipline intends to unlock a person’s potential in order to maximise their own performance and that life coaching helps people to learn, instead of teaching them (Whitmore, 2002, p.8). Personal progress, empowerment and learning seem to be central to the process of life coaching (Starr, 2003, p.3; Martin, 2001, p.5). Downey (cited in Nelson-Jones, 2007, p.2) also refers to these elements when he defines life coaching by saying that it is the art of facilitating the performance, learning and development of someone. Collins (2001, p.16) also sees life coaching as

an art that is used to guide someone from where they are toward the greater competence and fulfilment that they desire. Life coaching helps people to expand their vision, build their confidence, unlock their potential, increase their skills and take practical steps toward their goals. Life coaching is thus often defined by the results they achieve, for instance improving an individual's overall performance and fulfilment.

Life coaching could, however, also be defined by the way that it achieves these preferred outcomes. The relationship between the coach and the client seems to play a central role in achieving the client's goals. Williams and Thomas (2005, p.2) believe that life coaching is more about being a coach than doing coaching. According to them (Williams and Thomas, 2005, p.1) life coaching is more than a collection of techniques and skills, it is a reflection of the authentic personhood of the coach. By operating within this authentic relationship the coach acts as a catalyst in helping the client to achieve his/her preferred outcomes. According to this perspective, the relationship between the coach and the client is central to clients achieving their goals. Other elements, however, also seem to be as important in defining the process of life coaching and should therefore also be included in a definition. Goal-setting, for instance, is another very important element in this process (Martin, 2001, p.20). Therefore it is understandable that life coaching places a greater emphasis on the present and the future, rather than the past (McCluskey, 2000, p.20). This focus on the future and the accomplishment of specific goals, rather than dealing with significant problems, issues, traumas or pathology from the past are often cited as the main difference between counselling and life coaching (Martin, 2001; Bloom, Castagna and Warren, 2003). Pathology could be defined as "any deviation from a healthy, normal, or efficient condition" (Dictionary.com, 2011). Therefore it could be argued that although coaching does not aim to *resolve* pathology, it does aim to *reduce* pathology in the future by helping people to become more balanced, effective and healthy. These goals are being achieved by supporting people in general life situations, helping them to improve their performance and creating desirable results (Starr, 2003, p.11). Grant (1999) summarises some of the other elements of life coaching by defining it as a collaborative, solution-focused, results-orientated and systematic process in which the life coach facilitates the enhancement of work performance, life experience, self-directed learning and

personal growth of the person being coached. These elements all contribute to empowering clients to reach their own goals and feel more satisfied and fulfilled in their own lives. This happens through a focused, concentrated conversation designed to support the client in clarifying choices and making changes (Whitmore, 2007, p.17). Life coaching could therefore be seen as an option alongside other helping professions, like counselling, for people who are specifically seeking to review their life choices (Passmore, 2006, p.1) or who may be going through change (Zeus and Skiffington, 2002, p.29).

Life coaching can thus be defined either by the results it achieves or by focusing on the process that is used to achieve the desired results. The most comprehensive definition of life coaching is given by the International Coach Federation, since it combines both types of definitions in defining professional coaching. Although this definition also includes other forms of coaching, it provides a suitable overview of the process and results of life coaching:

“Professional coaching is an on-going professional relationship that helps people produce extraordinary results in their lives, careers, businesses and organisations. Through the process of coaching, clients deepen their learning, improve their performance and enhance their quality of life. In each meeting the client chooses the focus of the conversation while the coach listens and contributes observations and questions. This interaction creates clarity and moves the client into action. Coaching accelerates the client’s progress by providing greater focus and awareness of choice. Coaching concentrates on where clients are now and what they are willing to do to get where they want to be in the future.” (Whitmore, 2007, p.290).

This definition explains what life coaching is and how it operates. Thus, in essence, life coaching is about raising individuals’ awareness, getting them to take responsibility, supporting them in designing and implementing actions and thereby getting the results they want to achieve (Greene and Grant, 2003, p.48). This process moves people from awareness to responsibility then into action and results (Greene and Grant, 2003, p.48).

Out of this discussion, my own understanding is that life coaching could be defined as a process whereby clients are helped to set and achieve desired and appropriate goals for their lives. This is achieved through an authentic relationship in which the life coach uses active listening, questioning and observations in order to help clients increase their performance and improve their quality of life, balance and fulfilment by developing their potential.

This definition describes the process by which life coaching operates, as well as the results it aims to achieve, and constitutes my understanding of life coaching as it is discussed during this research.

## **4.2. Different models of life coaching**

Several life coaching models have been designed to help clients achieve their goals. In his book *Excellence in Coaching: The Industry Guide*, Passmore (2006) outlines a number of models for coaching of which five are applicable to the area of life coaching and are most frequently used in this discipline.

### **4.2.1. Behavioural coaching**

This type of life coaching is better known as the GROW model. It was developed by Graham Alexander in the 1980s and has grown to be one of the most popular and well-known coaching models in the industry (Alexander, 2006, p.61). GROW is an acronym that stands for four distinct steps in the process of coaching: *Goal*, *Reality*, *Options* and *Wrap up* or *Way forward*. This method is specifically suited to organisations and the work place, since it focuses on behaviour and subsequently improved performance (Alexander, 2006, p.65). The central aim of this model in life coaching is to reflect on and develop new behaviour through setting fresh goals that will enable them to become even more successful (Alexander, 2006, p.66). Although this is a very practical and clear model for life coaching, it has a narrow aim and will usually only change the specific behaviour that is the focus of the coaching.

#### **4.2.2. Solution-focused coaching**

Life coaching is an inherently solution-focused activity since it focuses more on what people want to achieve and how they are going to achieve it rather than on what has happened to them in the past (Grant, 2006, p.73). However, this model received its name as a result of developing out of solution-focused brief therapy. This therapeutic model was developed by Insoo Kim Berg and Steve de Shazer in 1982. Instead of analysing problems and uncovering root causes of problems, they simply asked questions to focus their clients' minds on building solutions. This approach has proven to be very effective for a range of problems (Grant, 2006, p.74). During the 1990s when life coaching was increasingly used as an important tool for personal development, coaches began to draw on this type of therapy to facilitate change. This model for coaching helps clients to construct solutions, rather than trying to understand the aetiology of problems. This is done by assisting clients in recognising and using existing resources and setting clear and attainable goals. The coach operates from the assumption that change can occur in a short space of time and that the client, not the coach, is the expert on their life (Grant, 2006, pp.74-75). Self-directed learning and self-regulation lies at the heart of this model and consists of a simple process of setting a goal, developing an action plan, acting, monitoring, evaluating and changing what does not work and doing more of what does. The life coach supports clients through this process and helps them to keep focused on their end goal (Grant, 2006, p.76). This model is very empowering and adaptable and can be used with individuals in various circumstances, since it is based on a proven theoretic model.

#### **4.2.3. Cognitive Behavioural coaching (CBC)**

This life coaching model operates from the principle that simply following a goal-oriented approach is usually insufficient to achieve a client's preferred outcomes. Often clients are blocked by their own self-limiting beliefs. Therefore CBC helps clients to identify, examine and change their limiting beliefs (Neenan, 2006, p.91). CBC originates from Cognitive Behavioural Therapy (CBT), which was developed from the ideas of Albert Ellis (1950s) and Aaron Beck (1960s). Although CBT is currently the first-line treatment for a range of clinical disorders (National Institute of Clinical Excellence, 2005 cited in Passmore 2006, p.93), CBC has not been researched as extensively as CBT. The usual structure of a CBC session consist of

clarifying the client's issues, establishing goals, developing action plans, confirming the client's responsibility for implementing these plans and gaining feedback from the client at the end of the session about what was helpful (Neenan, 2006, p.94). This approach seems similar to the behavioural coaching model (GROW). However, CBC does not only operate on the level of practical behaviour, but also consists of a psychological track that helps to remove stumbling blocks to achieving desired outcomes (Neenan, 2006, p.94). This "second level" of CBC uses the ABCDE model to understand and deal with psychological blocks in coaching. This acronym represents the following sequence: *Activating event, self-limiting Beliefs, Consequences, Disputing the self-limiting beliefs* and *a new and Effective outlook* (Neenan, 2006, pp.95-96). This model goes further than the behavioural model by looking at a deeper level of existence. It is further based on a popular and proven therapeutic model and therefore has a solid theoretic grounding.

#### **4.2.4. Neuro-linguistic programming (NLP) coaching**

This model delivers practical tools that can greatly enhance performance. Its primary technique is modelling, thus asking what the simplified description of the key elements of a process is (McDermott, 2006, p.106). This means that NLP looks for models of excellence in any field and then seeks to specify precisely what makes these people outstanding. This model is based on the model developed by Bandler and Grinder during the 1970s. This approach is based on four central elements: *the capacity to establish and maintain rapport, an outcome orientation, heightened sensory acuity* and *great behavioural flexibility* (McDermott, 2006, p.106). This model teaches life coaches how to listen by giving them the linguistic tools to understand the structure of what is being said and enables them to work with greater precision (McDermott, 2006, p.107). NLP provides many tools and techniques that can be used to help individuals in different circumstances by offering step-by-step how-to templates (McDermott, 2006, p.108). By combining this method with the life coaching principle of asking questions, individuals can be assisted in finding a method that will work for them in their specific circumstances. Although NLP coaching provides many helpful techniques and tools that will enhance the coaching experience, it does not seem to have a clear structure, but rather consists of various techniques.

#### **4.2.5. Transpersonal coaching**

This model has its origins in the transpersonal psychological movement. This approach is in essence a systems approach, recognising and working with the interconnectedness of individuals, families, communities and organisations. It further works with the human yearning for something beyond the personal and material that could be described as spiritual (Whitmore and Einzig, 2006, p.120). According to this model, humans are in essence spiritual beings, that is, our “core is pure spirit” (Whitmore and Einzig, 2006, p.125). As a result transpersonal coaching aims to take a client deeper than their normal field of awareness. This type of life coaching often works with issues like helping clients to find a clear sense of purpose to their lives (Whitmore and Einzig, 2006, p.133). This type of coaching works on a very deep level, and although this is an important aspect to life, not all clients would prefer to work in this way. For example, individuals who come to coaching to work on a specific issue or goal that they would like to achieve may experience this type of coaching as too close to traditional therapy.

Currently, theory usually plays a much smaller role in the training of life coaches than the focus on practice. As a result life coaching is sometimes even described as “a-theoretical” (Rogers, 2008, p.18). However, when these five models of life coaching are considered it is clear that they have been built on well-known and accepted theoretical bases. In a similar fashion to pastoral care’s “borrowing” from other therapies, in order to develop its approach (Clinebell, 1984), so too does life coaching “borrow” from certain psychological therapies. Although any of these five models, except maybe transpersonal coaching, could have been used in this specific charity, the solution-focused coaching model was the preferred method. The reason this model was preferred, was mainly because of my own grounding and understanding of the psychological theory of solution-focused brief therapy. I thus had a solid theoretical base on which I built my practice of life coaching. In order to provide a theoretical framework to assess *pastoral coaching*, it is important to discuss solution-focused coaching, as the method from which it seems to have originated, in more detail.

### **4.3. The solution-focused model of life coaching**

A close alignment seems to exist between life coaching in general and solution-focused brief therapy (Zeus and Skiffington, 2002, p.11). As a result the creators of solution-focused brief therapy also constructed a solution-focused model for coaching, based on the same principles (Berg and Szabó, 2005). This model enables people to access and use their experience, skills, expertise and intuition to find creative solutions to the situations they find themselves in, whether at work or in their personal lives (Greene and Grant, 2003, p.22). The following underlying assumptions form the basis of this type of life coaching (Berg and Szabó, 2005, pp.11-18):

- If it works, do not fix it. The coach should not assume that he/she knows better than the client. If something is not a problem for the client, respect their opinion.
- If something worked once, do more of it. The coach should aim to find out what works or has worked in the past and help the client to repeat it, thus focusing on solutions.
- If it does not work, do something different. The coach should find out what clients have been doing that seems to produce a predictable, un-preferred, outcome. Doing something different instead of the old behaviour sometimes requires clients to think outside the box.
- Change is constant and inevitable. Since clients will change anyway, whether in a positive or negative direction, the task of the coach is to help clients be on the lookout for small positive changes which they have made already, so that they can continue in this direction.
- The future is negotiated and created. Despite difficult or problematic pasts, everybody has the ability to change. Clients can thus make choices and decisions about how they want to shape their future. The coach has to continuously search for ways to make the most of clients' resources and maximise positive effects wherever they can be found or created.
- Small solutions can lead to large changes. One small change could create a lot of momentum in a client's life.



- Problems and solutions may not always be directly related. When apparent “solutions” to a specific problem are repeated, but do not seem to work, it is often a good idea to do something totally different.
- No problem happens all the time. There is always an exception to the rule, hence something that can be repeated.
- Ask questions rather than tell clients what to do. This is central to all forms of life coaching and can be seen as the primary method of communication in coaching as well as an intervention in itself.
- Give compliments. Validating what clients are doing well and acknowledging how difficult their problems are encourages clients to change while giving the message of the coach’s understanding and support.
- Gently nudge clients to do more of what is already working.

During a coaching session these principles will form the basis of the life coaching. It operates from the basic assumption that there is always an exception to the problem and if something is working, keep doing it, if it is not, do something different, but start with small changes (Greene and Grant, 2003, p.23). However, specific solution-focused tools and techniques will also be employed to combine with these principles and thus form specific parameters for the life coaching to take place. The following elements are important in this model (Berg and Szabó, 2005, pp.46-96):

#### *i. Begin with the end in mind*

Solution-focused life coaches have to find out what needs to happen for the client to feel that the coaching session was successful. It is important to establish clearly what the goal is that the client aims to achieve through the coaching and how they will know once it has been achieved. This enables the coach and client to measure the success of the coaching as well as when it is no longer necessary to continue to meet. This will ensure that the process remains focused on the specific goal that the client wants to achieve. When some clients are too discouraged to discuss the details of a successful outcome, the *miracle question* could be asked to help them generate the beginning of a solution. This question aims to help clients think what would be different if their problem miraculously disappeared. They are then helped to map out the exact details of what they would do, what others would do, what would be

different, what they would do instead, and so on. The first step, whether the *miracle question* is used or not, is thus designed to know exactly what the preferred outcome of the client is.

*ii. Sorting out which step to take next*

One of the most powerful tools during this part of the coaching is the use of *scaling questions*. Clients are asked to measure their experience on a scale of one to ten. This is a subjective reflection of how clients perceive their lives and is used to help clients see how far they have come and what they still need to do to reach their goal. By breaking goals down into small numerical steps, clients could decide exactly what they need to do next in order to progress to the next number on the scale (Palmer, 2008, p.4). Another important step in this process of sorting out what needs to happen next is to look for *exceptions to the rule*. These are times when the problem could have happened, but did not. When attention is being paid to when *exceptions* occur, with all the details of what, who, when, where, why and how, the changes seem to occur more rapidly. One of the best ways to list many exceptions or possibilities is by asking the question: “What else?” This is a central question in the solution-focused coaching model.

*iii. Feedback*

After listening to and observing clients intensely, a coach begins to form an idea of what has worked and what has not. It is suggested that a short thinking break is taken in which the coach can think about his/her particular *feedback* to the client. The *feedback* is designed in such a way to acknowledge the concerns of the client, summarise the learning of the session and suggest what the next steps should be. The three components of *feedback* are thus: compliments, a bridging statement and suggestions on what may help the client to move forward. Compliments are where the exceptions or success stories the client has mentioned are referred to. The bridging statement usually explains why a certain action may be a good idea, thus providing motivation. The suggestions then help the clients to decide on their next step. The task of the coach is to help encourage clients to do more of what is already working until they are satisfied with their progress.

These three elements form the outline of the first solution-focused coaching session and are based on solution-focused principles. Subsequent sessions are structured around the same elements as the first session, except that they start with the question: “What has been better since we met last time?” (Berg and Szabó, 2005, p.114). This question immediately opens the possibility of looking for solutions. Whether the situation is better, the same or worse is then discussed in the same manner as the first session: *by establishing the goal, using scaling questions, looking for exceptions to the rule and giving feedback*. Berg and Szabó (2005, pp.223-224) suggested a specific structure that could be used for mandated clients, who are sometimes regarded as more difficult to work with (Berg and Szabó, 2005, p.179). When this is combined with the above-mentioned elements, the following structure could be used to describe the solution-focused coaching process linearly:

1. Engage with the person first, not the problem
  - 1.1. Connect with the person
  - 1.2. Find out how to face the problem together with the client
2. Establish what the client wants the outcome to be
  - 2.1. Find out details of what the client wants
  - 2.2. Use the miracle question
3. Help the client assess progress towards goals
  - 3.1. Discuss past and recent successes in different social contexts: look for exceptions
  - 3.2. What does the client need to do to repeat the exceptions?
  - 3.3. Ask many variations of scaling questions
  - 3.4. Ask what the next small step is to achieve a desired small change
4. Give feedback
  - 4.1. Compliment
  - 4.2. Explain why a certain action may be a good idea
  - 4.3. Give suggestions

The structure of subsequent sessions will look the same, except that the first point would include asking about what has been better since the previous meeting. Solution-focused life coaching thus has a clear structure, which could be used to assess the process of *pastoral coaching* and establish its relationship to this type of life coaching.

#### **4.4. *Being and doing in life coaching***

In life coaching, emphasis is usually placed on the use of certain techniques and tools and the development of key skills. However, these skills are normally underpinned by a set of principles that cannot be separated from the techniques that are being used (McLeod and Thomas, 2010, p.1), as was seen in the discussion on solution-focused brief coaching. The techniques that are employed in life coaching to help individuals grow and develop are listening, questioning, clarifying and giving feedback (Bresser and Wilson, 2006, p.12). These are basic techniques in most helping professions, especially counselling. However, counselling usually places more emphasis on listening and clarifying, while one of the hallmarks of authentic life coaching is being able to ask powerful and evocative questions. Pure life coaching lies in the inquiry (Williams and Thomas, 2005, p.5). These questions are powerful in the sense that they can help to change clients' perceptions or produce insight (Vaughan Smith, 2006, p.56) and thus have the effect of helping people move forward more quickly by having to think about their current situation and future possibilities. Although the use of powerful questions is a central technique in life coaching, the real art of effective coaching comes from the coach's ability to work within the context of a relationship (Whitmore, 2002, p.15). The relationship thus plays an important role in determining how successful the life coaching questions will be. Coaching is therefore not so much a methodology as it is a relationship (Whitmore, 2002, p.16), in which the personal qualities of the life coach play an important role. Collins (2001, pp.45-49) identified five of these personal qualities that characterise effective coaches:

- i. *Effective coaches are self-aware.* They know their own strengths and weaknesses and ensure that they develop personally. They know their own

core values and beliefs and are sensitive towards their own inner tendencies and reactions to clients.

- ii. *Effective coaches are flexible.* People who come for coaching usually feel stuck. Coaches therefore need to help clients envision the future, think positively, encourage and guide them to look at their situation from a new perspective. Different and creative approaches are often needed to help clients to become unstuck.
- iii. *Effective coaches are people-sensitive.* They need to be able to listen to clients with sensitivity and compassion and show genuine respect. Coaches need to relate to clients and show empathy and subsequently build a relationship of trust.
- iv. *Effective coaches have synergy with the people they coach.* The better the fit and sense of unity between the coach and client, the more likely that the coaching will be effective. Rapport is thus essential.
- v. *Effective coaches are forthright.* Coaches ask for commitments and challenge their clients to reach further. This, however, needs to be done in a spirit of sensitivity and compassion.

Life coaching is often regarded as a discipline in which the use of certain techniques and the achievement of results are central (Martin, 2001, p.5; Kinlaw, Coe and Zehnder, 2008, p.i). However, it is also acknowledged that it is not merely the techniques of coaching that are important, but also the qualities of the life coach (Collins, 2001), as can be seen in the list above. According to this perspective, who you are as a coach, your *being*-functions, is thus central to the coaching relationship and is seen as more critical to a client's performance than the specific techniques that are used (McLeod and Thomas, 2010, p 1; Williams and Thomas, 2005, p.2). It therefore seems that opinions differ on the relationship between *being* and *doing* in life coaching. I would argue that both elements are important to this discipline: the correct tools and techniques should be used in the context of a trusting relationship (Vaughan Smith, 2006, p.47). In an insightful article that highlights the tension between *being* and *doing* in coaching, Ives (2008) argues that there has been a gradual move towards more therapeutic or personal development approaches in the field of coaching. In these approaches the relationship and achievement of happiness play an important role. Ives contrasts this with the goal-oriented approach to

coaching, which strives towards helping clients achieve their goals. Increasingly the personal development approaches seem to overshadow the goal-oriented approach, since the former appears to be more “complete”, as they are based on therapeutic or personal-development models. Ives (2008) argues that the field of coaching should recognise that these two approaches incorporate totally different paradigms. He (Ives, 2008, pp.101-102) subsequently contrasts nine different approaches, which are summarised in Table 4.1.

<b>Type of coaching</b>	<b>Objective of coaching</b>
Humanist	“Coaching is above all about human growth and change” (Stober and Grant, 2006, p.17)
Behaviourist	“The purpose of coaching is to change behaviour” (Peterson, 2006, p.51)
Adult development	Coaching is about helping clients develop and grow in maturity
Cognitive coaching	Coaching is foremost about developing adaptive thoughts
Goal-focused	“Coaching is a goal-oriented, solution-focused process” (Stober and Grant, 2006, p.156).
Positive psychology approach	“Shift attention away from what causes and drives pain to what energises and pulls people forward” (Kauffman, 2006, p.220)
Adventure coaching	Stretching the client through entering into challenging situations and the learning that arises.
Adult learning	A learning approach that helps self-directed learners to reflect on and grow from their experiences
Systemic coaching	“Coaching is a journey in search of patterns” (Cavanagh, 2006, p.313)

*Table 4.1. Approaches to coaching (Ives, 2008, p.102)*

From this table, it seems as though the life coaching approach that I have been describing in this chapter could be regarded as goal-focused coaching, rather than a therapeutic or a personal development approach to coaching. According to Ives (2008) three main clusters of issues in coaching could be used to define different approaches: 1. *Directive or non-directive*, 2. *Solution or development-focused* and 3. *Therapeutic or performance-driven*. It is argued that coaching is in essence *non-directive, solution-focused* and *performance-driven* (Ives, 2008, pp.104-108). After this discussion, broad tendencies in each approach are identified, which are summarised in Table 4.2.

Type of coaching	Directive vs. non-Directive	Solution development focus vs.	Therapeutic vs. performance
Humanist	Non-directive	Development	Therapeutic
Behaviourist	Directive	Solution	Performance
Adult development	Directive	Development	Therapeutic
Cognitive coaching	Directive	Development	Therapeutic
Systemic coaching	Non-directive	Development	Therapeutic
Positive psychology	Directive	Development	Therapeutic
Adventure coaching	Directive	Development	Performance
Adult learning	Non-directive	Development	Therapeutic
Goal-oriented	Non-directive	Solution	Performance

*Table 4.2. Comparative analysis of different coaching approaches (Ives, 2008, p.108)*

From this table it is clear that only the goal-oriented approach is *non-directive*, *solution-focused* and *performance-driven* and thus true to the essence of coaching. This corresponds with my own understanding of, and approach to, life coaching. Therefore it could be deduced that although the *being* of the life coach and the coaching relationship is important to the life coaching process, it is the goal-orientation of this discipline that could be regarded as the distinctive factor in coaching (Ives, 2008, p.109). I believe that it is this emphasis on *doing*, without disregarding the importance of *being*, that could be used to address the gap I perceived in pastoral care.

#### **4.5. Life coaching and substance misuse**

The client group that was seen within this charity all struggled, in some way, with substance misuse related problems. However, in general life coaching literature, members of this group are not regarded as people who would engage successfully with a life coach. According to Ledesma (2001, p.85) many of the people who come for coaching do so because they are not fully satisfied with the direction of their lives and feel that there must be more to life. Collins (2001, p.18) agrees with this view and states that people who seek life coaching would like to get more out of life in

general. It appears therefore as if life coaching is aimed at people who are already effective, in order to make them even more effective (Creswell, 2001, p.117). Since the root of coaching is in business management (Zeus and Skiffington, 2002, p.7), it could easily lead to the assumption that life coaching should only be done with executives or other well-balanced people in order to achieve a higher level of optimisation. McCluskey (2000, p.20) confirms this general understanding of life coaching by stating that it should start from “a place of stable functioning”. Martin (2001, p.17) adds to this by stating that life coaching is more suitable for people struggling with dis-ease rather than disease. To her (Martin, 2001, p.20) life coaching is not about interventions, but about goal-setting and achievement. With life coaching literature’s clear emphasis on improving performance, rather than addressing problems, it is subsequently no wonder that Starr (2003, p.12) states clearly in *The Coaching Manual* that some of the situations a coach should avoid include on-going dependency on Class A drugs as well as significant drink problems. According to these statements in life coaching literature, clients of this charity should not even be considered as suitable candidates for life coaching.

However, according to the definition given for this research study, life coaching is a process whereby clients are helped to set and achieve desired and appropriate goals for their lives. Therefore even though clients may be struggling with problems related to substance misuse, if they are assisted in helping to set appropriate goals for their lives and helped to achieve these, they also fit the criteria for life coaching. According to Martin (2001, p.9) a life coach should also help clients to identify and remove whatever is keeping them from achieving their goals. This “interference”, as Martin puts it, could thus also be clients’ substance misuse problems. By assisting clients to remove these obstacles, they could be helped to work towards achieving their goals (Martin, 2001, p.20), which is client-led and could therefore include achieving a healthier or substance-free life.

One recent study in the USA that was conducted with children from father-absent homes who were coached in life skills, character development and spiritual values showed that they experienced a significant drop in various problems, including drug abuse (Collins, 2001, p.236). Life coaching could thus be used with people who suffer from current substance misuse issues, like clients of this charity. However, life



coaching could also be used to help reduce future risks by focusing on the achievement of greater competence or fulfilment. Since harm minimisation as well as the prevention of pathology are at the core of the work of this charity, it could be concluded that the clients of this specific charity might indeed be seen as suitable for life coaching. When it is taken into consideration that the solution-focused brief therapy model has been used with great success in the field of drug counselling (Greene and Grant, 2003, p.24), the coaching counterpart of this method seems to be suitably placed in working with this client group.

#### **4.6. Conclusion**

This chapter aimed to define my own understanding of life coaching and to locate myself within a specific life coaching tradition. It was established that solution-focused coaching was my preferred model of life coaching and that this provided the context from which *pastoral coaching* developed. Therefore the various cases in this research will be assessed against the structure of this model in order to determine how *pastoral coaching* relates to solution-focused coaching. It was established that the *being*-functions of the life coach and the coaching relationship is vital to this discipline. Subsequently five qualities of effective life coaches were identified and will be used to assess whether I fulfilled this criteria as I practised *pastoral coaching*. However, it was also determined that it is the *doing*-functions and the goal-orientation of coaching that distinguishes this discipline from other approaches and that it is this unique feature that could be used to address the gap in pastoral care. Furthermore, it was established that, although people who struggle with substance misuse issues are not usually regarded as suitable for life coaching, this client group does fit within my understanding of life coaching. They could therefore be regarded as suitable candidates for this method of intervention. The specific methodology that was used for this research will therefore be discussed in the next chapter.

## Chapter 5

### METHODOLOGY

The aim of this chapter is to describe the specific methodology I used in developing a theory for *pastoral coaching*. The aims of my research, as well as the specific design I used, will be explained. Furthermore, the way in which the data was selected will be discussed as well as how this was analysed.

#### 5.1. Research Aims

When I reflected on the work I had done with clients in the context of this charity over a period of almost three years (1 July 2006 - 1 February 2009), I realised that the approach I used seemed to be very effective (see Figure 1.1. in Chapter 1). Unfortunately, though, I was not sure exactly what I did to achieve these results. However, as part of my professional practice, I kept thorough case notes of all the clients I worked with during this time. Therefore, I decided to analyse and reflect upon these case notes, in order to try and determine what the exact approach was that I used with clients that produced such favourable results. Since I was both a pastor and a life coach, I thought that these two disciplines may have combined in some way during my practice. In order to differentiate this from other approaches, I decided to call my approach *pastoral coaching*. The aim of this research was therefore to determine what this approach was and how it operated. This was achieved by analysing and reflecting on the available case notes and the subsequent construction of a theory of *pastoral coaching*. This research thus followed an inductive methodological approach, as a new theory was developed (Trafford and Lesham, 2008, p.97). Accordingly, the research question for this study was:

*How did pastoral care and life coaching combine to form pastoral coaching within the context of a specific Christian charity?*

In order to answer this question and to develop a theory of *pastoral coaching*, I have constructed a number of sub-questions over a period of time as I reflected upon my research and discussed it during supervision. These questions show how my thinking changed from trying to develop a theoretical and theological basis initially to

determining what already occurred during my practice with clients. These sub-questions subsequently form the framework for describing *pastoral coaching*:

1. *Can pastoral coaching be regarded as a form of pastoral care? If so, how does it relate to the wider discipline?*
2. *Can pastoral coaching be regarded as a form of life coaching? If so, how does it relate to the wider discipline?*
3. *What were the qualities that I, as pastoral coach, displayed?*
4. *What is unique about pastoral coaching?*
5. *What is the nature and process of pastoral coaching?*
6. *When would pastoral coaching be an appropriate intervention?*

By answering these questions, a theory of *pastoral coaching* was developed, which explains how pastoral care and life coaching combined in the context of this specific charity. The ultimate purpose of this research is therefore to determine what this approach entails, so that it may be used to achieve similar results and thus enhance the practice of this charity as well as offer another approach for the ministry of pastoral care.

## **5.2. Research Design**

I only realised how effective *pastoral coaching* was in achieving positive results *after* concluding my work with clients. Since I already had case notes available of these clients, I used a retrospective multiple case design in order to reflect upon my practice and subsequently answer the various research questions. Case studies have predominantly been used in relation to inductive research as this method is well-suited for the in-depth investigation and subsequent explanation of a specific issue (Denscombe, 2007, p.38), in this case, *pastoral coaching*. This research method can facilitate the construction of theory (Willig, 2008, p.75) and consequently seemed appropriate for this research. During my work with clients, I recorded comprehensive notes after each session. By studying and reflecting upon a selection of these official case notes retrospectively the research questions were answered and a theory of *pastoral coaching* developed (Willig, 2008, p.76). This method has the advantage that I had no control over the events, as the *pastoral coaching* occurred in

the past, and I could thus only describe and explore events that had already taken place (Denscombe, 2007, p.45). Since the research question was a “how” question that was asked of a “contemporary set of events”, over which I had no control, the case study method seemed to be the most appropriate research method (Yin, 2003, p.9). This method furthermore has the advantage that it can utilise a variety of materials, including documents, observations and interviews (Hamel, 1993, p.16), all of which formed part of the case notes I kept and had access to.

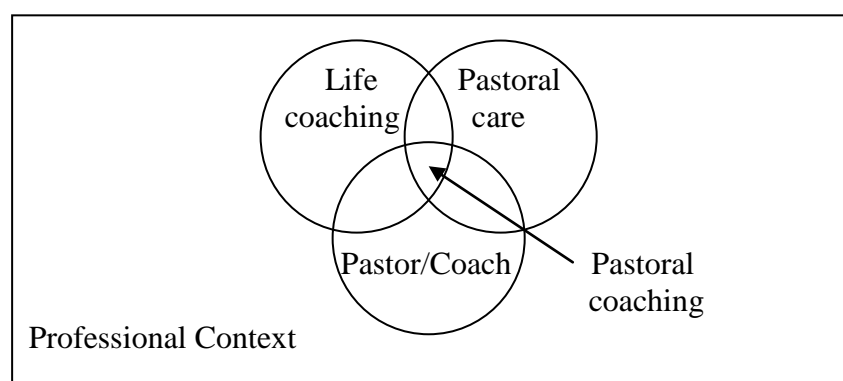
In order to answer the various research questions, a clear unit of analysis needed to be established (Yin, 2003, pp.22-23). In this study the unit of analysis was the *pastoral coaching* that occurred in the context of the brief interventions work of this specific charity between the 1<sup>st</sup> of July 2006 and the 1<sup>st</sup> of February 2009. Since the aim of this research was to develop theory by describing and analysing this process, the research took the form of a descriptive case study.

A multiple case design was followed in this research, since this evidence is often considered as more compelling when more cases are analysed and therefore the overall study could be regarded as more robust (Herriott and Firestone, 1983 cited in Yin, 2003, p.46). Although multiple case studies usually require extensive resources (Yin, 2003, p.47), this research was well-placed to have a multiple case design, as the *pastoral coaching* occurred over a prolonged time period and therefore several case notes were already available to study.

Usually, in a multiple case design, an analysis of the first case would lead to the formulation of tentative propositions, which could then be explored in the light of subsequent cases. As each case is explored, the emerging theory is modified in order to account for various instances associated with the specific phenomenon that is being researched (Willig, 2008, p.78). *Pastoral coaching* was investigated in a similar fashion by exploring how this intervention occurred in each particular case (Stake, 1994, p.242). As a result this research could be described as *instrumental*, rather than *intrinsic* in nature, since it explored a specific phenomenon instead of just a specific case in itself (Willig, 2008, p.77).

Although I endeavoured to approach the data with an open mind and allowed propositions to emerge from the data, as is the case with *naturalistic* case study research (Willig, 2008, p.78), the approach I followed could be distinguished as *pragmatic* case study research. This is mainly due to the fact that my data analysis focused on answering a set of well-defined research questions (Willig, 2008, p.78). The answers to these questions were used to produce an initial set of propositions, which was then revised during the analysis of the subsequent, supporting cases in order to produce a set of revised propositions on *pastoral coaching* (Willig, 2008, p.78). Replication logic was used, where similar results would be predicted as a result of the specific type of work being done as well as predicting contrasting results, but for predictable reasons (Yin, 2003, p.47).

The *conceptual framework* of this research is that a new phenomenon, called *pastoral coaching*, developed as I practised pastoral care as well as life coaching in my professional context. My own development and characteristics as both a pastor and a life coach also played a significant role in the development of this new approach. Therefore, the conceptual framework is that *pastoral coaching* occurred as these various factors culminated. This is schematically illustrated in Figure 5.1. The subsequent aim of this research is to construct a theory of *pastoral coaching* that would describe the nature and process of this new approach.



*Figure 5.1. Conceptual framework*

### 5.3. Data Collection

Since my own background and personality as both a pastor and a life coach played a significant role in the process of *pastoral coaching*, it was important to explore my own background, as well as my professional context. This has been sketched in Chapter 2, with the purpose of enhancing the reader's understanding of the context in which this phenomenon occurred. It was also important to establish my own understanding of both pastoral care and life coaching in order to be able to determine how *pastoral coaching* relates to these disciplines. These two subjects were discussed in Chapters 3 and 4. However, in order to explore *pastoral coaching* itself and develop a theory of this approach, various case studies were conducted. As mentioned previously, case notes were already available to reflect upon. However, as case notes covered a period of almost three years, an in-depth analysis of all the cases would have been too extensive. Data for this research was subsequently collected as follows:

#### 5.3.1. Selection criteria

Since the object of this study was the phenomenon of *pastoral coaching*, and not the individual cases (Hamel, 1993, pp.41-44), it was imperative that cases were selected to illuminate the object of study. Therefore, in order to select appropriate cases, prior knowledge of the outcomes was essential, so that the different case studies could focus specifically on how the outcomes occurred and how they were replicated in other case studies (Yin, 2003, p.52). The different cases were subsequently selected according to whether the particular case was typical of the *pastoral coaching* process (Denscombe, 2007, p.40). According to Hamel (1993, p.43), the aim of the selection of particular cases is to identify the "*ideal case*" to understand the object of the study. Therefore cases were selected from those where positive results were obtained according to client's original goals, as well as the use of the Wheel of Life (Parsloe and Parsloe, 2009, pp.172-174; Connor and Pokora, 2007, p.158) as an outcome measure at the beginning and the end of intervention. This instrument was discussed in detail during Stage 1B of the Professional Doctorate (Beukes, 2008; Appendix D) and is therefore not examined further during this research. Since the research sub-questions enquired about the relationship between *pastoral coaching* and pastoral care and life coaching respectively, cases were also selected according to whether

both disciplines seemed, on the surface, to be present during the intervention process. Lastly, practical reasons had to be considered, as not all the cases had comprehensive case histories attached. Subsequently, cases were selected from those where adequate background information was accessible.

In summary, the selection criteria for cases were as follows:

- i. Does this case constitute a typical case?*
- ii. Were there clearly identified goals and positive outcomes?*
- iii. Was data recorded on the Wheel of Life prior to, as well as after, the intervention?*
- iv. Were life coaching techniques used?*
- v. Were pastoral care techniques used?*
- vi. Were adequate sources of evidence available?*

### **5.3.2. Selected cases**

Between July 2006 and February 2009 I worked with 164 brief interventions clients. All of these clients approached this charity for help with their substance misuse and/or related issues and underwent an initial assessment to ascertain their suitability for brief interventions work, as opposed to long-term counselling. If it transpired during the assessment or the brief work that participants had underlying emotional or past issues, they were referred to longer-term counselling. Informed consent was obtained from each participant prior to commencing treatment with this specific charity. I subsequently kept official case notes for each client. Out of these case notes, I selected seven cases according to the criteria set out in the previous section. These seven cases consisted of four female and three male participants. Chronologically the seven cases spanned the whole unit of analysis. Five cases involved only alcohol, while two related to poly-substance addictions. Their ages ranged from 22 to 41 years (average 31 years) and each client was seen for between three and ten sessions (average six sessions). These cases were representative of the clients seen during brief interventions work at this charity during the specific period.

### 5.3.3. Types of Evidence

The official case notes that were kept as part of the brief interventions work, during the established period of time, were used to describe and analyse the *pastoral coaching* process. These case notes, which were the main source of evidence for the development of the theory of *pastoral coaching*, consisted of the following types of evidence:

#### *i. Documentation*

Various types of documentation, like the original assessment report and letters, were used to corroborate evidence from other sources (Yin, 2003, p.87). This type of evidence has the advantage that it is unobtrusive and was not created as a result of the study. It can also be reviewed repeatedly, is quite exact and covers a long span of time (Yin, 2003, p.86). These records can also be used to do quantitative analysis to support the qualitative research.

#### *ii. Direct Observations*

During the course of making case notes, observations were made that referred to the specific behaviour or environmental conditions of the client (Yin, 2003, p.92). This evidence has the advantage that the context of the event would be covered thoroughly (Yin, 2003, p.86).

#### *iii. Reflection on my own practice*

Since I was both the researcher and the *pastoral coach*, I could not be regarded as merely a passive observer and actually participated in the events that are being studied (Yin, 2003, p.94). Therefore I was able to provide insight into interpersonal behaviour and motives (Yin, 2003, p.86). Although my involvement in the process may produce potential biases, these biases were minimised, since the research was conducted retrospectively. Thus, I was no longer in a position to change the outcome or the process, but merely described what already occurred (Stake, 1995, p.12).

By using multiple sources of evidence a process of triangulation became possible that improved the quality of the case study (Yin, 2003, pp.97-101). In order to increase the reliability of the research even further, a chain of evidence was maintained (Yin, 2003, p.105). This tracking of evidence was made possible by the



database of case studies that was kept of all the cases over the set period. This database was in electronic as well as paper format and was kept securely on a password-protected computer and locked file cabinet. Therefore an external observer would be able to follow the derivation of any evidence, if he/she had the correct security clearance.

#### **5.4. Analytic strategy**

The theoretical proposition of this research is that *pastoral coaching* developed as I combined pastoral care and life coaching in the context of a specific charity and the analytic strategy was to develop a case description. Therefore, the multiple case studies were organised by developing a descriptive framework and using qualitative data (Yin, 2009, pp.131-132). These case studies were used to describe the process that occurred within this charity's brief interventions work during the specific unit of analysis. The initial theoretical proposition was thus subsequently tested against the descriptive multiple case studies.

The specific analytic technique that seems to be especially relevant to multiple case studies is cross-case synthesis (Yin, 2003, p.133). This method facilitates the comparison of commonalities and differences between various cases (Khan and Van Wynsberghe, 2008). This technique thus treats each individual case as a separate study (Yin, 2003, p.134) and can probe whether different groups of cases appear to share some similarity and deserve to be considered instances of the same type of case (Yin, 2003, p.135). Cross-case synthesis could therefore become complex and could cover broader issues than simply analysing single features. By using this technique to look at common elements in different cases, it was possible to identify when *pastoral coaching* was an appropriate form of pastoral care. Therefore other cases that were not selected to be part of the original multiple case studies were used to identify circumstances under which *pastoral coaching* seemed to be effective as well as when it was not the most appropriate intervention. This was done by analysing outcomes, as well as comments made by participants who did not meet all the inclusion criteria.

In order to answer the research questions and construct a theory of *pastoral coaching*, each of the seven cases was analysed separately. The particular technique that was used was cross-case synthesis. I subsequently analysed all the sessions of the first case in detail, as can be seen in Chapter 6, and proposed an initial theory of *pastoral coaching* after this first case study. This initial theory was then tested and refined during subsequent case studies, which led to a revised theory of *pastoral coaching*. I used the same approach of analysing each session of all six supporting cases individually by asking the same questions of all seven cases. The six supporting cases were thus analysed similarly to the case in Chapter 6 and a summary of the results of this analysis can be seen in Appendix A. In order to make the description and analysis of cases more readable, pseudonyms were given to each case. These aliases have absolutely no connection to the real names of the clients and every effort was taken to protect the anonymity of the clients. My initial case notes were used to reflect on my professional practice, rather than on the details of specific individuals. Ethical approval was subsequently granted by Anglia Ruskin University's Research Ethics Sub-Committee (see Appendix B) for the analysis of these case notes on the basis that the research should focus on reflection upon my practice and that no individuals could be identified.

## **5.5. Conclusion**

This chapter showed that this was an inductive research study in which the aim was to develop a theory of *pastoral coaching* as it was conducted in the context of a specific charity during a particular period of time. The specific method that was employed to conduct this research was a multiple case study design. Seven cases were selected according to a set of inclusion criteria and were analysed by using cross-case synthesis. Subsequently an initial set of theoretical propositions was developed after the first case was analysed. This theory was then tested and refined through the analysis of six supporting cases. The aim was to provide a set of propositions for the theory of *pastoral coaching* as it was developed within my professional context. The first case will consequently be described and analysed during the next chapter.

## **Chapter 6**

### **THE CASE OF VICTOR C**

In this chapter one of the seven selected cases will be described and then analysed. Each session I had with Victor C will be described briefly and some preliminary questions will be asked in order to begin the process of analysing the *pastoral coaching* process. After all the sessions have been described, a full analysis will be conducted and a number of propositions will be suggested. These propositions will form the theoretical outline of *pastoral coaching*. Six further cases will be analysed in the same way as the case of Victor C and these cases will be used to support and expand on the initial theory. Subsequently, a revised set of propositions on the theory of *pastoral coaching* will be suggested.

#### **6.1. First Session**

##### *6.1.1. Background information*

Victor is a 38-year-old white British male who relocated to this area approximately two years ago. He has been struggling with alcohol abuse since the age of fifteen, but it has increased significantly during the last ten years. Victor has been arrested several times for being drunk and disorderly. Although drinking is a normal part of life for him (he is drinking 20-30 units of alcohol per day, every day), his drinking tends to increase especially during periods of severe stress. He has been in hospital several times as a result of his behaviour when he is drunk. Recently Victor was diagnosed with depression and although he is currently taking medication for this illness, he is not receiving help from anywhere else.

Victor had recently been arrested for a serious incident while he was drunk. He was awaiting trial for this offence and came for help because he felt his drinking was out of control. He met one of the charity's outreach workers while in custody, who subsequently introduced him to the counselling and support service of this organisation. He was also very depressed and had a low self-esteem and a very low level of confidence. Victor was under a lot of stress as a result of also working as a carer.

Victor's goal in coming to this charity was to get a better understanding of why he could not stop drinking. He wanted to start the process of addressing his addiction by setting some clear and achievable goals. He also mentioned his future goals of having more self-respect and more energy.

Although Victor wanted to know *why* he could not stop drinking, an issue normally addressed during longer-term therapy, he was in severe trouble and needed help immediately. Therefore brief interventions work seemed like a suitable option for him. He also had a very clear goal that he wanted to achieve: cutting down on his alcohol intake.

During the first session Victor was asked to evaluate how satisfied he was with different areas of his life in order to determine his current level of satisfaction. This evaluation was done on a scale of zero to ten, with zero being not satisfied at all and ten being totally satisfied. He scored as follows on this test, known as the Wheel of Life (see Table 6.1):

Area	Score (0 – 10)
Health	2
Family relationships	4
Social relationships	2
Physical environment	4
Personal development	2
Finances	2
Career	6
Fun and adventure	2
Spirituality	2
Overall	3

*Table 6.1. Victor C's initial Wheel of Life scores*

In addition to this method, the National Drug Treatment Monitoring System (NDTMS) also requires that a Treatment Outcomes Profile (TOPS) be completed by each client at the beginning as well as the end of intervention. Victor scored the following on appropriate sections of this monitoring system:

### *Substance use: Alcohol*

On average during the last four weeks he drank twenty units per day and drank seven days per week.

On a scale of zero to twenty, if zero is poor and twenty is good, he scored as follows in three sections of his life (see Table 6.2):

<b>TOPS Section</b>	<b>Score (0 – 20)</b>
Psychological health status	4
Physical health status	6
Overall quality of life	4

*Table 6.2. Victor C's initial TOPS scores*

### *6.1.2. Session description*

Victor was very early for his first session and was clearly extremely nervous. He was sweating, did not keep eye contact for long periods and rubbed his hands together constantly. When I was told that Victor came in early, I went down to meet him in the waiting room, shook his hand and asked him to come up to the counselling room, even though he was early. As we walked up the stairs to the room, I made small talk, asking about how far he came, etc. I talked as we came into the room and offered Victor a seat (one of four options in the room). He immediately picked the chair closest to the door and sat on the front of his chair. Although being nervous, he also seemed eager to get started and do something about his drinking as soon as possible. I was very relaxed and made the atmosphere as friendly and warm as possible. I mirrored Victor's actions, sitting forward when he was sitting forward. After a short period of time it was clear that Victor seemed more relaxed and I began to lead in order to test the rapport. Victor seemed very comfortable with me and he visibly began to relax more, sitting back in his chair and looking less anxious.

I did not immediately ask about the problem Victor came with, but first wanted to ensure that he was comfortable and that trust was established before addressing the issues he brought. I did this by using problem-free talk and focusing on having a natural conversation in an “unnatural” environment.

Victor said that he felt embarrassed that he got to the point where he needed help. He admitted that his own will-power is not enough and that he needed something else to

help him overcome his drinking problem. He thought that goals and regular appointments would help him to overcome this pattern in his life and said that he wanted some goals to work towards.

He felt very selfish and guilty about wanting to drink constantly, while taking care of someone else. I handled this by active listening and helping Victor to externalise the problem by realising that *alcohol* does that to people.

The only time when Victor's regular drinking was slightly better in the past was when he attended an alcohol awareness group. The key to this exception seemed to be the fact that he could talk about what was happening to people who he felt understood him and supported him. He realised that his own will power was not enough anymore to deal with this problem and he wanted something more. Since I was aware of the AA's work and that they specifically referred to getting help from a Higher Power instead of relying on one's own will-power and since they also offered practical support and help, I mentioned this organisation during the session. Victor was very positive about this and wanted some more information. During the session it also transpired that Victor wanted some routine in his life, something that would help him to keep stable and assist him in working towards his goals.

At the end of the session I gave Victor positive feedback about the session and complimented him on coming to the session and doing so much preparation, like setting his alarm early to be at the appointment even though things were difficult at the moment. Victor was very encouraged by this. I then gave him an opportunity to set his own action plan and write it down on a piece of paper to take with him. He felt that his action plan was very realistic and achievable.

Victor set himself the following action plan:

- Attend an AA meeting
- Slow down my drinking instead of gulping it down
- Go out at 20:00 instead of at lunch time
- Spend 30 minutes on a pint instead of 20 minutes
- Cut down to 8 pints a night from 10-15 pints

Each of these action steps was discussed with Victor and he felt that they were very realistic and he felt positive that he could do it. They were practical and were designed to be clear so that Victor knew exactly what he had to do next to achieve his original goal for the session, which was to have clear goals to pursue.

Victor described himself as someone who was fortunate in the sense that he had friends and family who supported him and looked after his money on his behalf. As a result his accommodation was stable. This was something he realised would probably not have been the case if he was left on his own. He reacted well to this structure and was good at following structure and routine. I linked to this information and gave him the following feedback: “I really admire the fact that you came in today, even if it was really difficult for you – and that you did not have a drink before you came in. I believe that everybody’s got a key, some strengths, and that we should play to yours, instead of focusing on your weaknesses. So let’s put some routine and structure in... I believe you can do this.”

Victor was also given an opportunity to give some feedback if he wanted to. He said: “I did not know what to expect, but this was really good – I am quite excited about it. I believe I can do this...”

Victor left the first session feeling very excited about the action plan he made. He was much more positive at the end of the session and seemed to have renewed hope that things may get better for him.

The session could be summarised as follows:

- I first established rapport. This was done very early, even before the session really started.
- Victor’s overall goals as well as his specific goal for the session were identified.
- He was given an opportunity to tell his story and identify what he wanted to work on by using an assessment instrument, called the Wheel of Life.
- I gave positive feedback at the end of the session and Victor was given an opportunity to design his own action plan.

### *6.1.3. Pastoral care in this session*

I listened to Victor and established a relationship of trust very early during the session, despite the fact that he was very anxious. I worked with Victor's feelings of guilt and selfishness without minimising them on the one hand or judging on the other. I merely helped him to externalise the problem, while accepting responsibility for his own behaviour. This was seen in the way he took responsibility for writing his own action plan and taking it with him. After acknowledging that Victor felt stuck and needed some outside help, I mentioned the AA as a community that may be able to support him. The feedback and encouragement seemed to uplift him and give him a new sense of hope for his future.

The traditional pastoral care functions that were most evident during this session were *sustaining*, *guiding* and *healing*. It was clear that Victor found it difficult to come to the session and that he was very nervous. He felt embarrassed and was hurting emotionally as a result of his past behaviour. He came to a point where he realised that he could not "fix" his life on his own and that he needed some help. During the session I established a safe environment in which he felt supported and helped him to realise that there was hope, even though his situation seemed hopeless. I also gave positive, sustaining feedback, which showed the sustaining function of pastoral care clearly.

Victor was unsure about his immediate course of action. However, through careful listening and questioning, I helped him to make choices and compile a clear plan of action. This plan of action enabled him to regain hope that his life may get better in the future. I thus displayed the pastoral function of guiding.

Healing was also evident as he felt selfish and guilty and could not see how to move beyond his previous condition. I helped him towards healing by assisting him in setting small, achievable goals.

The type of pastoral care that can be clearly identified is supportive pastoral care, as I aimed to stabilise and nurture Victor during this session. I did not aim to give him in-depth insight, but rather assisted him in coping with his current situation and guiding him towards future hope. This form of pastoral care requires a strong



relationship between Victor and the pastoral carer. Therefore I took effort to build rapport as quickly as possible. I was also actively involved in the session and asked questions, offered reassurance and assisted him in creating an action plan. I was thus more action-orientated than would have been the case in pastoral psychotherapeutic work (Clinebell, 1984, p.171). Out of the seven methods of supportive pastoral care that Clinebell lists (1984, pp.172-174), four were clearly evident:

1. *Gratifying dependency needs*. I acted as a “good parent” on whom Victor could lean. I comforted and sustained Victor, but also inspired him to take action.
2. *Emotional catharsis*. Victor was given an opportunity to share his emotions about feeling anxious, selfish and guilty, without being judged.
3. *Aiding the ego’s defences*. I sensed that Victor had not yet owned up to the fact that he was not only responsible for his own behaviour, but also that this behaviour affected the person he was caring for. He was not yet confronted with this situation at this stage, therefore allowing him to keep these defences.
4. *Encouraging appropriate action*. Victor felt stuck in his circumstances. Therefore I suggested some activities for him. He was encouraged to write a clear and specific action plan that would help him to find a way out of his current circumstances.

Usually supportive methods are more helpful than uncovering methods when an individual has a low level of ego strength (Clinebell, 1984, p.174). This is often found in people who are struggling with drug or alcohol addictions or are chronically depressed. Victor fitted these criteria.

Although to a lesser extent than supportive pastoral care, crisis pastoral care could also be identified. This was evident in the fact that Victor approached the specific charity as a result of a crisis: he was arrested because of a serious incident related to his drinking. This acute crisis that he was experiencing led him to evaluate his overall behaviour and he subsequently decided to get help. Even though he was also aiming to address some of the underlying issues that led to his current situation, he was still trying to cope with the crisis he was experiencing.

All six essential characteristics of the pastoral carer, as defined by Clinebell (1984, pp.416-419), seemed to be displayed during the first session with Victor. I strived to be genuine in my interaction with Victor, thus displaying congruence. This quality

helped to build trust with him in a short period of time. Unconditional positive regard and empathic understanding also helped Victor to feel accepted and not judged. The three characteristics which were added by Clinebell which are applicable to pastoral carers were also displayed. As I entered the relationship with Victor, I was aware of my own personal worth and value. This sense of my own identity usually comes across as self-confidence. Despite this centeredness I still managed to identify with Victor in his need and helped him to feel accepted and understood. I managed this through sensitive questioning and building rapport with him throughout the session. The last characteristic, personal aliveness, was probably most evident and was reflected in Victor's closing statement that he felt excited after the session. It thus seems as though I acted as an enlivener of Victor, enabling him to live life a little more fully.

#### *6.1.4. Life coaching in this session*

As was discussed in Chapter 4, I had chosen the solution-focused model of life coaching as the structure for the brief interventions work at this specific charity. An analysis of the first session reveals that I did indeed follow the overall structure of a solution-focused coaching session. All three elements of this type of coaching were clearly evident:

- 1. Begin with the end in mind.* Victor was helped to define his goals clearly at the beginning of the session and design a specific action plan that was appropriate to his circumstances.
- 2. Sorting out which step to take next.* Victor was helped to realise that there was an exception to his problem in the past, i.e., when he attended an alcohol awareness group and had support. This helped him to realise that there is hope for the future as well.
- 3. Feedback.* This played an important role during the session as it offered final encouragement to Victor and gave him an opportunity to make sure that he was heard and could reflect on his own experience of the session.

In summary, Table 6.3 was used to establish which steps in the solution-focused coaching model were followed. This table also shows other elements that were added to the process:

<b>Solution-focused coaching</b>	<b>Victor C: Session 1</b>	<b>Other elements</b>
<b>1. Engage with Victor first, not the problem</b>		
1.1. Connect with Victor	√	
1.2. Find out how to face the problem together with Victor	√	
<b>2. Establish what Victor wants the outcome to be</b>		
2.1. Find out details of what Victor wants	√	Using the Wheel of Life as an assessment tool
2.2. Use the miracle question		
<b>3. Help Victor assess progress towards goals</b>		
3.1. Discuss past and recent successes in different social contexts: look for exceptions	√	
3.2. What does Victor need to do to repeat the exceptions?	√	
3.3. Ask many variations of scaling questions	√	
3.4. Ask what the next small step is to achieve a desired small change	√	I gave Victor information on AA's in the area
<b>4. Give feedback</b>		
4.1. Compliment	√	Client was allowed to write his own action plan
4.2. Explain why a certain action may be a good idea	√	Client was given an opportunity to give feedback about his experience
4.3. Give suggestions	√	

*Table 6.3. The solution-focused coaching structure for Victor C's first session*

The various characteristics of effective life coaches, as identified by Collins (2001, pp.45-49), seemed also to be evident during this coaching session. Before starting the session with Victor, I was already aware of my own values, beliefs, weaknesses and strengths that I would bring to the relationship. This quality, which could be described as self-awareness, came across as self-confidence and centeredness to Victor. My approach was fairly flexible and I responded sensitively to Victor's needs instead of merely following a specific blueprint for the session. I showed empathy throughout the session and managed to build good rapport with Victor. Finally I also challenged him to set some challenging short-term goals for himself.

#### *6.1.5. Were any other methods used during this session?*

Victor was given an opportunity to write his own action plan and take it with him, instead of suggestions being made or a task being set for him, as in brief pastoral care or solution-focused coaching. The Wheel of Life was also used to determine his

current circumstances as well as goals for the future. Furthermore Victor was given an opportunity to give feedback about his own experience.

## **6.2. Second Session**

### *6.2.1. Session description*

The second session occurred one week after the first session. Victor looked like a different person from the anxious individual who came in the previous week. He seemed very focused and pleased with how the week had gone and was eager to tell me how it had progressed.

Victor's initial plan was to gradually cut down from anything between ten and fifteen pints per night to eight pints every evening. One of his strategies was to start drinking at 20:00 instead of at lunch time. This meant that he had less time to drink and would therefore consume less alcohol. Victor kept to this plan and as a result managed not to only cut down to eight pints per night, but actually went down to six pints or seven cans per night. He did this by keeping busy during the day and telling himself that he will have a drink later. This helped him to focus on his tasks. As a result he found it relatively easy to be able to cut down so much during the last week. I encouraged Victor and complimented him on doing so well and keeping to the tasks he set for himself.

However, Victor also realised that he still had a problem and that he could easily "drink himself into oblivion" if he does not set any boundaries as he did during the past week. He also started to worry about what will happen after a few weeks and what he will do if he struggles to sleep, which often served as a trigger for his drinking. He recognised the fact that he had only been in trouble for offences related to drinking and that his drinking may cause him to offend. Victor subsequently started to worry even more about the future and cutting down. I encouraged him to break his goals into smaller, achievable steps, instead of worrying about the final outcome. I then reminded Victor of what he did so far and helped him to change his focus to the exceptions, rather than the problem. This helped Victor to feel more in control of his drinking, although he understood that he still had a drink problem.

Victor designed the following action plan as a result of the session:

- Attend an AA meeting
- Slow down my drinking instead of gulping it down
- Go out at 21:00 – 21:30, instead of at 20:00
- Spend 30 minutes on a pint instead of only 20 minutes
- Cut down to 4 pints a night from 6 pints

I encouraged Victor throughout the session, and told him at the end that I was really proud of him for what he had done so far. Victor was also given an opportunity to give some feedback and he said: “I know I can do this. It is encouraging to come here and hear that you have done well.”

Victor left the session seemingly extremely encouraged and very positive. He was keen to try out his new action plan.

The session could be summarised as follows:

- The session started with a solution-focused question: what has been better since I saw you last time? This gave Victor an opportunity to talk about the progress he had made.
- This progress was seen as an exception to when the problem is usually happening and therefore this exception was explored in more detail. As a result Victor realised exactly how he managed to take control of his drinking in such a short period of time, by keeping busy and limiting his drinking time.
- Instead of focusing very far into the future, Victor was encouraged to use what he had learnt and focus on just the next step.
- Encouragement was central to the whole session.

#### *6.2.2. Pastoral care in this session*

The relationship of trust that I built during session one was strengthened by meeting Victor in the waiting room, shaking his hand and being very welcoming and genuinely pleased to see him. During the session I encouraged Victor constantly and was truly excited about the progress he had made. When Victor started to worry about the future, I listened to him and acknowledged that he still had a long way to

go. However, I also gently reminded him that he already did so well during the last week and that, although it was only the first week of intervention, he already progressed so much. By helping Victor to realise that he was doing very well, a sense of hope for the future was instilled in him.

As during the first session, *sustaining*, *guiding* and *healing* were the traditional pastoral functions that were most clearly visible. By giving Victor an opportunity to share what he experienced between sessions as well as allowing him to share his anxieties about the future, he was helped to realise the significant progress he had made. This was very sustaining to him. He also experienced healing as he was already beginning to experience improvement and growth towards a greater degree of wholeness. Victor almost got stuck when he focused on how far he still had to go. However, by helping him to break his goals into smaller steps, I guided him out of this and empowered him to make choices that would hopefully have a positive impact on his future.

A type of pastoral care that could clearly be identified in this session was supportive pastoral care. I assisted Victor in coping with his current situation and did not aim to give him in-depth insight into his condition. This was done through building on the rapport that was established during the first session. Of the seven methods of supportive pastoral care three are noticeable:

1. *Gratifying dependency needs.* I continued to play the role of a nurturing and guiding parent.
2. *Objective review of the stress situation.* Victor realised that he still had a lot to do. I assisted him in gaining perspective on his situation and helping him to understand how well he had done already. This gave him hope and allowed him to make wise decisions about what action he should take next.
3. *Encouraging appropriate action.* I helped Victor to design an action plan that was appropriate to his current circumstances.

Elements of educative pastoral care were also apparent, since Victor was helped to realise that his offensive behaviour and his drinking pattern were linked. If he wanted to stop the former, he had to address the latter first. This realisation was used

to motivate him to continue the work he was already doing and to design an appropriate action plan.

In a similar fashion to the first session, it seems as though I displayed all six pastoral characteristics during the second session. The first three qualities, congruence, unconditional positive regard and empathy, are essential traits of any counsellor and were an integral part of this session. Without these elements it would not be possible to create an environment for healing and growth. Being aware of my own worth, while also identifying with Victor, is just as important to the pastoral relationship. I endeavoured to act according to these characteristics. The last characteristic that Clinebell identified, personal aliveness, seems a little different from the rest, yet this element seemingly made a big difference to the *pastoral coaching*. In the first and the second session Victor felt extremely encouraged and energised as a result of his contact with me. During the *pastoral coaching* process, it seems as though I acted as an enlivener who helped Victor's zest for life to increase little by little.

#### *6.2.3. Life coaching in this session*

This session followed a clear solution-focused coaching structure. It began with the solution-focused question of what has been better since the previous session and followed the rest of the structure by helping Victor to set goals. He was also assisted in deciding which step to take next. Although no formal feedback was given in this session, it was interwoven in the session and gave Victor the experience of being encouraged. Another specific life coaching technique that was used was to help Victor focus on small practical steps in order to reach his overall goal.

In summary, Table 6.4 was used to establish which steps in the solution-focused coaching model were followed. This table also shows other elements that were added to the process:

<b>Solution-focused coaching</b>	<b>Victor C: Session 2</b>	<b>Other elements</b>
<b>1. Engage with Victor first, not the problem</b>		
1.1. Connect with Victor	√	
1.2. Find out how to face the problem together with Victor	√	
<b>2. Establish what Victor wants the outcome to be</b>		
2.1. Find out details of what Victor wants	√	
2.2. Use the miracle question		
<b>3. Help Victor assess progress towards goals</b>		
3.1. Discuss past and recent successes in different social contexts: look for exceptions	√	
3.2. What does Victor need to do to repeat the exceptions?	√	
3.3. Ask many variations of scaling questions		
3.4. Ask what the next small step is to achieve a desired small change	√	Client was empowered to think creatively and come up with his own ideas
<b>4. Give feedback</b>		
4.1. Compliment	√	Client was allowed to write his own action plan
4.2. Explain why a certain action may be a good idea	√	Client was given an opportunity to give feedback about his experience
4.3. Give suggestions	√	

*Table 6.4. The solution-focused coaching structure for Victor C's second session*

Similar to session one, it seems as though I displayed all five essential qualities of an effective life coach. I was aware of my own values and beliefs and could help Victor to focus on his own issues. I was relatively flexible and paid attention to what Victor needed to discuss and adapting to these situations. I listened with respect and compassion to Victor and continued to establish good rapport with him. Finally I was also forthright when the situation demanded it and challenged Victor to take the next step with regards to cutting down his drinking and reminding him of the success he had already achieved.

#### *6.2.4. Were any other methods used during this session?*

When Victor designed his action plan, I helped him to think of what he did previously to cut down. However, I also encouraged him to generate his own ideas that he thought may work. This empowered Victor to take responsibility and placed him squarely in the position of expert on his own life. Victor was furthermore given



an opportunity to write his own action plan and to give honest feedback about his experience of the intervention.

### **6.3. Third Session**

#### *6.3.1. Session description*

The third session occurred one week after the second session. Victor looked “brighter” and seemed more in control and positive about the progress he was already making.

Victor started by telling me about the progress he had made. He did not only manage to keep to his plan of cutting down to four pints per night, but actually exceeded it by cutting down to three pints per night. He also attended an Alcoholics Anonymous meeting and found it very helpful. Overall Victor was feeling more in control of his drinking and he was already thinking clearer than before. He was very pleased that he was keeping to his plan and was finding the structure really helpful. Although his mind was a lot clearer at that stage, he was not feeling so well physically. He realised that he needed something else to fill the gap that alcohol occupied in his life and thought that a hobby would be a good idea. I asked him about his passions in the past. It transpired that Victor was very good at sports when he was younger and also collected coins. He mentioned that he wanted to run again and be fit, but felt that it was a very long way off. I helped him to break this goal into smaller action steps by using an instrument that I developed, called the Gears of Life (Beukes, 2011). This instrument is used to help people evaluate their life in more detail and design action plans that would fit their specific circumstances. With Victor, I focused specifically on the physical gear of this system. This instrument was very helpful and assisted Victor in seeing the areas on which he needed to focus. He found this really helpful and hopeful, since he could see how far he had already come during the last three weeks since his first intervention. This instrument also helped him to see clearly the next steps that he should take if he wanted to progress to his goal of being fit again. By setting small specific goals, Victor felt as though he was moving all the time and this built his confidence.

Victor designed the following action plan as a result of the session:

- Attend another meeting of the AA

- Buy a “positive” book that I could read when I struggle to sleep
- Buy fruit and vegetables
- Drink only at home, instead of going out to drink
- Start drinking at 22:00
- Cut down to 2 pints a night from 3 pints

At the end of the session I said: “You have done amazingly well! Remember to continue to take small steps as you have been doing.” Victor was also given an opportunity to give feedback. It was clear that he valued the relationship and said that he found the structure of attending the sessions very helpful. He trusted me and said that he did not want to let me down, he added: “I had no organisation before coming here... This is the best I have done in years.”

Victor felt positive and encouraged after the session and was motivated to continue the work he had done so far.

The session could be summarised as follows:

- Rapport was built prior to the session by meeting Victor beforehand and being interested in him.
- The session started with the solution-focused question of what was better since the previous meeting.
- Victor was given an opportunity to identify exceptions and this was elaborated upon. Any further issues that came up were dealt with one-by-one.
- A new instrument, called the Gears of Life, was used to help him reflect on his life and set new and appropriate goals that were small, realistic and achievable.

### *6.3.2. Pastoral care in this session*

Warmth and trust were communicated before the session started and contributed to the non-judgemental and warm atmosphere during the session. I supported and complimented Victor on the progress he had made and pointed out how well he had done. Encouragement formed the axis around which the whole session revolved. Getting support from other people was also reinforced; for instance, when Victor

mentioned that he benefited from the AA meeting he attended, I encouraged this action.

The traditional pastoral care functions of *sustaining*, *guiding* and *healing* were again evident in my style and focus. The relationship itself sustained Victor and helped him to move towards healing, while I guided him through asking specific questions and empowering him to make important life decisions. During the third session, however, another pastoral function was introduced: nurturing. This function was especially clear as Victor was helped to develop his natural sporting abilities and thereby moving towards fulfilling his own potential.

Supportive pastoral care was once again the type of pastoral care that was clearly evident during this session, as I supported Victor in the progress he had made and helped him to deal with his current circumstances. Out of the seven methods of supportive pastoral care, four can be identified during this session:

1. *Gratifying dependency needs*. I continued to offer a safe environment for Victor in which I listened, supported, guided, comforted and inspired him, thereby acting as a “good parent” to him. This was reflected by Victor’s comments at the end of the session, when he mentioned that he did not want to let me down.
2. *Objective review of the stress situation*. I helped Victor to gain perspective on his situation, by introducing another instrument to the session. This helped him to gain new insight into his circumstances and gave him renewed hope of a changed future.
3. *Changing the life situation*. By helping Victor to gain a new perspective, I assisted him in designing an action plan that would help him to change his life situation.
4. *Encouraging appropriate action*. I ended the session by encouraging him to design his own action plan, in order to provide him with some structure.

Educative pastoral care was also visible. By using the Gears of Life Victor was helped to evaluate his own circumstances. This also gave me an opportunity to share some insights on applicable topics like diet, sleeping pattern and exercise with him without teaching him. This gave Victor an opportunity to understand, evaluate and apply the relevant information in order to cope better with his particular situation.

It seemed as though all six characteristics of a pastoral carer were again displayed. The trust between Victor and myself is evidence of the fact that congruence, unconditional positive regard and empathy were present. My own sense of self-worth enabled me to guide Victor and identify sufficiently with him so that he experienced me as someone who has helped him to do better than he had done in years. During the previous sessions it was clear that Victor benefited from my personal aliveness. During this session I expanded on this quality by using different instruments and techniques to become an enlivener of Victor. In this instance I used the Gears of Life to focus on an aspect of Victor's life that was previously neglected. By doing this, I empowered him to live life a little more fully.

### *6.3.3. Life coaching in this session*

As with all other solution-focused coaching sessions, after the first one, this session also started with the question: *"What has been better since the last time I saw you?"* This immediately enabled Victor to look at the changes he had already made, which served to encourage him and motivate him even further. The rest of the session was clearly in the tradition of this type of coaching and followed the broad solution-focused structure. However, instead of beginning with the end in mind, it was assumed that the goal of helping Victor to cut down his drinking had already been set. Therefore, I focused on what he wanted to discuss during the session. It transpired that he was thinking of something else to fill the gap that his cutting down had left. This was thus taken as the implicit goal of the session. In order to sort out which step to take next, I assessed whether he experienced any exceptions or times when he did have other activities that filled his time. I then introduced a new instrument to help him explore different options and give him some insight. The session was ended by giving him an opportunity to design his own action plan and then I gave some feedback, after which he was also given an opportunity to give feedback.

Table 6.5 shows which steps in the solution-focused coaching model were followed, as well as other elements that were added to the process:

<b>Solution-focused coaching</b>	<b>Victor C: Session 3</b>	<b>Other elements</b>
<b>1. Engage with Victor first, not the problem</b>		
1.1. Connect with Victor	√	
1.2. Find out how to face the problem together with Victor	√	
<b>2. Establish what Victor wants the outcome to be</b>		
2.1. Find out details of what Victor wants	√	Using the Gears of Life as an assessment tool
2.2. Use the miracle question		
<b>3. Help Victor assess progress towards goals</b>		
3.1. Discuss past and recent successes in different social contexts: look for exceptions	√	
3.2. What does Victor need to do to repeat the exceptions?	√	
3.3. Ask many variations of scaling questions	√	
3.4. Ask what the next small step is to achieve a desired small change	√	
<b>4. Give feedback</b>		
4.1. Compliment	√	
4.2. Explain why a certain action may be a good idea	√	Client was allowed to write his own action plan
4.3. Give suggestions	√	Client was given an opportunity to give feedback about his experience

*Table 6.5. The solution-focused coaching structure for Victor C's third session*

The various characteristics of effective coaches were also displayed during this session. I was aware of my own strengths and weaknesses, was sensitive to Victor's needs and flexible in my approach. It seemed as though I had good rapport with him and I was forthright in my suggestions. All these qualities were especially evident when I introduced a new instrument. As a result of being flexible and listening to Victor, the timing of this instrument was ideal. This managed to help him move from feeling stuck to seeing new options.

#### *6.3.4. Were any other methods used during this session?*

The physical gear of the Gears of Life system was used to help Victor assess and address the physical issues he wanted to work on. This instrument works in a similar fashion to the Wheel of Life, but helps clients to focus on smaller parts of their life and set smaller action steps that will help them to achieve their bigger goals. Victor scored as follows (see Table 6.6) on the various sub-sections of this instrument:

<b>Gears of Life physical health sub-sections</b>	<b>Score (0 – 10)</b>
Substances	7
Breathing	3
Diet	3
Hydration	7
Sleeping	5
Exercise	4

*Table 6.6. Victor C's initial Gears of Life scores*

By asking where he would have scored three weeks ago on the substances section and responding that it would have been a two, he was helped to realise that he had made enormous progress during the last month. He also acknowledged that he would not have even considered any of the other areas during that time. By using this instrument, Victor managed to see his own situation clearly and this helped him to decide what the next steps were in order to increase the control he had over his life. As a result he found the use of this instrument extremely helpful. Victor was also given an opportunity to write his own action plan and give feedback.

#### **6.4. Fourth Session**

##### *6.4.1. Session description*

The fourth session occurred one week after the third session. Victor seemed to be very down. When I met him in the waiting room, he immediately stated that he “slipped up”. He was clearly very disappointed with himself about this episode. I responded by acknowledging his disappointment and said that I was sorry to hear it, but wanted to hear all about it when we go into the session. I did not focus on the “slip-up” as we walked to the room and continued to make problem-free talk to put Victor at ease. This visibly helped him to relax somewhat and served to build rapport.

Once we got to the counselling room, Victor said that it would have been a perfect week, if he had not made a mistake the previous day. He was clearly disappointed about this and went on to say that he kept to his action plan for most of the week and even managed to stop completely for two days. He said that it was the easiest stopping he had ever done. Unfortunately he thought he would be able to go out and drink only two pints the next day. After he had the first two, he said to himself that

he could have another two since he did not have any the previous day. When he ordered the fifth pint, he realised that he was slipping back into an old way of thinking and he drank it quickly and left the pub. He felt very disappointed with himself and realised how easy it was to slip back into old ways. Initially he beat himself up about this episode, which made him feel even more down. I acknowledged his disappointment, but helped him to realise that beating himself up about it will not change anything. Instead, I helped Victor to learn as much as he could from this episode. As he talked about it, he realised how easy it was to make a mistake. He was very honest with himself and found it very helpful to talk about the thinking process he was going through as he was drinking. When he ordered the fifth pint, he knew what he was doing and also realised that he did not have any more excuses to continue drinking and justify it to himself, so he stopped. The progress he had made so far was very important to him and he did not want to fall back into “old ways”. He learnt that he should not go to the pub anymore and definitely not go so early. As a result he came up with an action plan that would help him to avoid having a similar episode in the future.

After making sure that Victor learnt from his experience and knew exactly what to do in a similar situation, I helped him to see the episode in perspective by drawing a graph on the white board, see Figure 6.1. This graph detailed his drinking over the last month and showed clearly how far he had come. This gave Victor perspective on his “slip” and encouraged him. I also helped him to realise that his main achievement was stopping his drinking and leaving the pub before he could not control it anymore. The perspective the graph gave him helped him to feel better about himself.

I added a line to the graph that represented Victor’s confidence levels. Victor realised that this was inverted to his drinking, i.e., when his drinking levels were high, his confidence levels were low and vice versa.

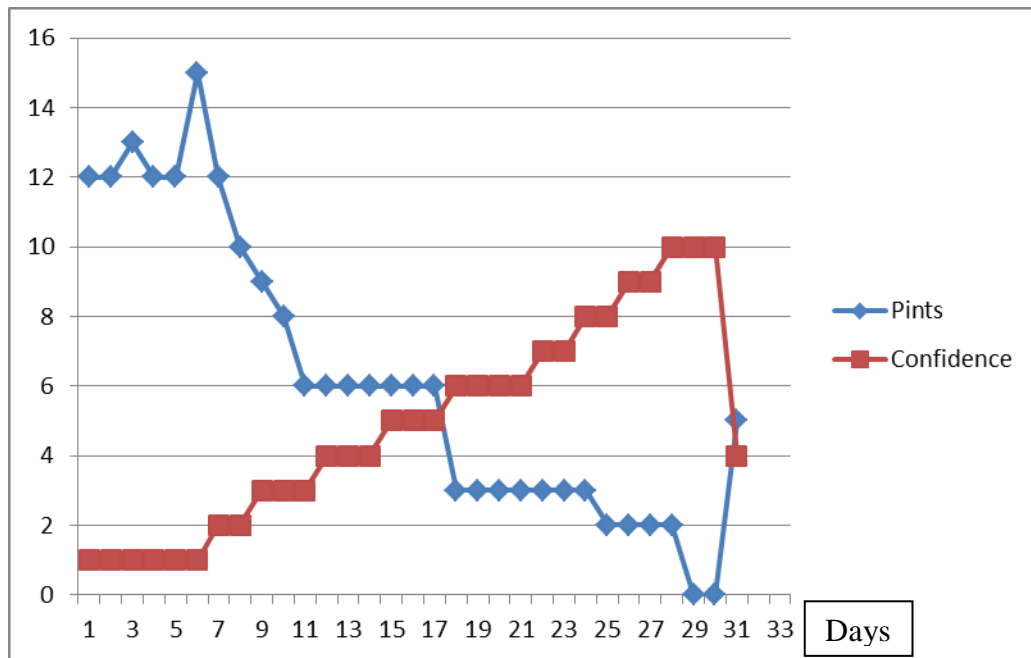


Figure 6.1. Victor C's drinking and confidence graph

I asked about other exceptions to when the problem was happening and Victor mentioned that he was eating a lot better and that his appetite was coming back gradually and that he was actually beginning to feel hungry again. He was drinking orange juice in the mornings and occasionally even ate breakfast, something that never happened before. He also ate more fruit, vegetables and soup.

Victor designed the following action plan at the end of the session:

- Attend another AA meeting
- Avoid going to the pub
- Improve my diet even more
- Keep three cans of lager (equivalent to two pints) at home and drink it only if I had a bad day

It was important to Victor to know how he compared to other clients. I responded to this by telling him that he was doing really well and that his pattern of cutting down was exemplary. He was very pleased to hear this. I added: "You have done very well and learnt from the slip. Now it is time to move on..."



He found it very helpful to set small achievable goals every week. His subsequent action plans and regular sessions helped him to keep focused and provided him with some structure. He also said: “This is the easiest I’ve ever done it [a cut down]. The sessions have really helped me a lot to set achievable goals every week.”

At the end of the session Victor was not feeling so down anymore and felt that he learnt some valuable lessons from his experience. He was ready to continue with his plan of action.

The session could be summarised as follows:

- Building rapport and acknowledging difficulties.
- Giving Victor an opportunity to tell his story.
- Helping Victor to learn from his experience, while also acknowledging the progress he had made so far and encouraging him.
- Looking for exceptions to the problem and encouraging him to duplicate and expand on these actions.

#### *6.4.2. Pastoral care in this session*

Victor was helped to learn from mistakes without judging him or letting him feel hopeless. This was done by meeting him where he was, acknowledging his disappointment, helping him to learn from his experience and then helping him to change his perspective to realise the positive progress he had already made and that no “slip-up” will change what he has done. In this way, he was led out of possible despair and helped to regain hope for the future.

During the fourth session, the following traditional pastoral functions were displayed:

*Sustaining:* Victor was clearly disappointed about his behaviour the previous day. He felt that he was slipping back into old habits. I acknowledged his feelings and gave him an opportunity to talk about his experience. I assisted Victor in working through it and sustained him during this process.

*Guiding:* after sustaining Victor, I gently started to guide him towards learning from his experience and making choices for the future that would affect his total well-being, including the well-being of his soul.

*Healing:* I then moved Victor towards healing by helping him to realise that he had progressed a lot and highlighting the fact that he had moved toward wholeness during the past month. I subsequently helped him to take his newest experience and use it to help him move beyond his previous condition.

In essence this session was supportive pastoral care, although other types were also evident. During this session I aimed to stabilise and nurture Victor, before guiding him to new perspective and growth. I thus helped Victor to deal with his current circumstances in such a way that he would be able to cope better in the future. The following methods of supportive pastoral care were visible:

1. *Gratifying dependency needs.* Victor was very disappointed with himself. I acted as someone in whom Victor could confide without the fear of being rejected or judged. However, this safe environment was also a place where Victor knew he would be guided and assisted in how to deal constructively with his situation.
2. *Emotional catharsis.* Victor experienced a crisis and I gave him an opportunity to pour out his feelings and drain the poison from his wounds. Knowing that someone else cares about one's inner pain can provide strength to deal with the challenges someone is facing. This was also the case during this session.
3. *Objective review of the stress situation.* I listened to Victor and acknowledged his disappointment. However, I also gave an objective review of the situation by using visual aids, like a graph. This gave Victor perspective and allowed him to gain new insight and regain his hope for the future.
4. *Aiding the ego's defences.* Instead of acting according to this method, I chose to do the opposite by allowing Victor to confront himself with his behaviour, as I felt that Victor had grown sufficiently to be able to handle this. However, I did assist Victor in moving on from punishing himself to learning from his situation.
5. *Changing the life situation.* As a result of the learning experience, Victor managed to record what he would change in the future.
6. *Encouraging appropriate action.* Victor was encouraged to take action on what he had decided.

Although Victor approached me with a crisis, I mostly used supportive methods as I already had a strong, empathic relationship of trust with Victor. However, certain elements of crisis pastoral care were evident, as I did give Victor an opportunity to determine exactly what happened and challenged him to take constructive action. Victor was also encouraged to develop an on-going action plan that would allow him to prevent a similar crisis from happening in the future.

This session was furthermore used as an opportunity for educative pastoral care since Victor was assisted in determining what he learnt as well as realising the link between his own confidence and his drinking pattern. This gave him a new perspective on his situation.

Once again it seems as though I displayed all six characteristics of a pastoral carer. These qualities seem to be central to my approach and should be expected as I am a trained pastoral carer. However, more emphasis was placed on unconditional positive regard and empathy as Victor was feeling guilty and disappointed with himself. I displayed personal aliveness and being an enlivener of Victor by using a visual aid to encourage him. By seeing his past progress, Victor was motivated to continue with the hard work he had already done.

#### *6.4.3. Life coaching in this session*

This session also started with the solution-focused question which allowed Victor to expand on what had gone well. However, it also became clear that everything was not better and that he was disappointed with himself. Instead of being purely solution-focused at this stage, I deviated from the structure and allowed Victor to expand on his experience and reflect on it, instead of immediately looking for exceptions. After I gave him an opportunity to come to terms with what happened, I focused on exceptions and used it to motivate Victor to further action. I subsequently assisted him in learning from his experience and designing an action plan that reflected his learning. At the end of the session I gave feedback and gave him an opportunity to do the same.

Table 6.7 shows which steps in the solution-focused coaching model were followed, as well as other elements that were added to the process:

Solution-focused coaching	Victor C: Session 4	Other elements
<b>1. Engage with Victor first, not the problem</b>		
1.1. Connect with Victor	√	Crisis intervention
1.2. Find out how to face the problem together with Victor	√	
<b>2. Establish what Victor wants the outcome to be</b>		
2.1. Find out details of what Victor wants	√	Using the Gears of Life to assess his improvement
2.2. Use the miracle question		
<b>3. Help Victor assess progress towards goals</b>		
3.1. Discuss past and recent successes in different social contexts: look for exceptions	√	Using a drinking and confidence graph to show progress
3.2. What does Victor need to do to repeat the exceptions?	√	
3.3. Ask many variations of scaling questions	√	
3.4. Ask what the next small step is to achieve a desired small change	√	
<b>4. Give feedback</b>		
4.1. Compliment	√	
4.2. Explain why a certain action may be a good idea	√	Client was allowed to write his own action plan
4.3. Give suggestions	√	Client was given an opportunity to give feedback about his experience

*Table 6.7. The solution-focused coaching structure for Victor C's fourth session*

This session shows clearly the flexible and sensitive approach I followed. I sensed that I needed to deviate from the usual structure in order to support Victor and help him to learn from his experience. This required good rapport and a high degree of self-awareness. I was also forthright as I made a link between confidence levels and drinking behaviour and showed this to him. This opened a new perspective to Victor.

#### *6.4.4. Were any other methods used during this session?*

Victor completed the physical health sub-sections of the Gears of Life again and realised that he already made some progress in the sub-sections he set goals for himself. His scores can be seen in Table 6.8, with his previous scores in brackets:

<b>Gears of Life physical health sub-sections</b>	<b>Score (0 – 10)</b>
Substances	7 (7)
Breathing	3 (3)
Diet	5 (3)
Hydration	7 (7)
Sleeping	7 (5)
Exercise	5 (4)

*Table 6.8. Victor C's second set of Gears of Life scores*

Another tool that was used was the drawing of a graph (Figure 6.1) where his progress on limiting his drinking was measured. By adding the graph on his confidence levels, Victor was helped to realise that his drinking was preventing him from becoming more confident, something that would add to his self-respect, which was one of his future goals. Victor was furthermore given an opportunity to write his own action plan and give feedback.

## **6.5. Fifth Session**

### *6.5.1. Session description*

The fifth session occurred one week after the fourth session. Victor seemed very pleased with the way he had been progressing and was significantly less anxious than during the initial stages of the previous week's session. Victor kept to his action plan of only drinking two pints every second day and not drinking on the other days. He started to become interested in other things again, like watching cricket. For a long time he was not interested in anything else other than drinking. Watching cricket provided him with another option to keep him busy during the days.

Despite all the progress he made, he was still worrying a lot, especially about his approaching court case. As a result his sleeping is not very good and he felt stuck with it. Although he felt that his drinking was much more under control and the "jigsaw was three quarters completed", he felt that he needed to do something about his sleeping to prevent any temptation to drink during these times. I explored what worked in the past to help him sleep when he was stressed. I asked about his current routine and told some stories about how other people have changed their routine and how it influenced their sleep. Victor subsequently decided that it may be a good idea to change his evening routine and write his worries down instead of dwelling on

them. He also decided to start to read earlier in the evening instead of just before he goes to bed. I then did a relaxation technique with him that he could use to relax in the evenings. He was helped to visualise a “safe place” and chose the room he grew up in. He realised that he always used music to relax and fall asleep, but did not anymore. He decided that he wanted to try it again.

I focused on Victor’s strengths by discussing what worked for him in the past and helped him to design a specific structure he could implement.

Victor decided on the following action plan:

- Drink for two days and then take one day off
- Change my routine during the evenings
- Do the relaxation exercises that I learnt during the session
- Start reading my book earlier
- Listen to music in the evenings

At the end of the session I encouraged Victor and reminded him how well he had done. His feedback was: “This is really helpful [relaxation techniques and thinking of what has worked in the past], why could not I think of that?”

Victor left the session feeling excited and positive about the new techniques he used.

The session could be summarised as follows:

- Building rapport.
- Asking what had been better since the previous session, thus looking for exceptions.
- Dealing with issues that were preventing him from progressing more.
- Teaching Victor relevant techniques and offering suggestions.

#### *6.5.2. Pastoral care in this session*

The issues that Victor was worried about were not ignored or minimised. Instead he was helped to deal with his worries by thinking through his situation, looking at various options and deciding on the best possibility.

The *sustaining* pastoral function again provided the backdrop for the session as Victor was supported and helped to transcend his current circumstances in which he felt stuck. He was also *guided* to change his routine, which led him closer to being *healed* and experiencing more wholeness in life. *Nurturing* also played a role in this session, as I helped Victor to relax by focusing on a place where he felt safe. He was also encouraged to do what he loved (cricket) and thus focus on an aspect of his life that he previously neglected.

As with the other sessions, this session also seemed to be a blend between supportive and educative pastoral care. It was educative in the sense that I helped him to gain new insight into how to change his sleeping patterns by telling him of other people's experiences. It was supportive in the sense that I placed a lot of emphasis on letting Victor feel safe and supported and encouraged, before gently challenging him and introducing new perspectives and insights to Victor. The following specific methods of supportive pastoral care were visible:

1. *Gratifying dependency needs.* I continued to play the role of a "good parent", who accepted him for who he was and would guide him along his way.
2. *Objective review of the stress situation.* I provided Victor with perspective by telling him about other people's handling of similar situations.
3. *Changing the life situation.* I introduced a new action for Victor to help him relax. This reminded him of something he had done in the past but was no longer doing.
4. *Encouraging appropriate action.* Victor was encouraged to take action on what he decided.

It seems as though the six pastoral qualities are essential to my approach and that these qualities may have contributed to the relationship of trust I have built with Victor.

#### *6.5.3. Life coaching in this session*

The session started with the solution-focused question and allowed Victor to determine the direction of the session by mentioning issues that he struggled with which were preventing him from progressing even more. I then assisted Victor in looking for exceptions by identifying activities that worked for him in the past. When he got stuck, I suggested options by telling him about other people and finally

also made a suggestion of relaxation techniques that Victor could benefit from. At the end of the session Victor made an action plan and we both gave feedback.

Table 6.9 shows which steps in the solution-focused coaching model were followed, as well as other elements that were added to the process:

<b>Solution-focused coaching</b>	<b>Victor C: Session 5</b>	<b>Other elements</b>
<b>1. Engage with Victor first, not the problem</b>		
1.1. Connect with Victor	√	
1.2. Find out how to face the problem together with Victor	√	
<b>2. Establish what Victor wants the outcome to be</b>		
2.1. Find out details of what Victor wants	√	
2.2. Use the miracle question		
<b>3. Help Victor assess progress towards goals</b>		
3.1. Discuss past and recent successes in different social contexts: look for exceptions	√	
3.2. What does Victor need to do to repeat the exceptions?	√	Educational counselling on sleep routines
3.3. Ask many variations of scaling questions		
3.4. Ask what the next small step is to achieve a desired small change	√	Client was introduced to a relaxation technique
<b>4. Give feedback</b>		
4.1. Compliment	√	
4.2. Explain why a certain action may be a good idea	√	Client was allowed to write his own action plan
4.3. Give suggestions	√	Client was given an opportunity to give feedback about his experience

*Table 6.9. The solution-focused coaching structure for Victor C's fifth session*

I again displayed the various characteristics of an effective coach. I was forthright during the session and suggested specific techniques that could help Victor. I did this with sensitivity and ensured that I maintained good rapport with him. Although the structure was still solution-focused, I had to adapt to the different challenges Victor was facing, which showed the flexibility in my approach.



#### *6.5.4. Were any other methods used during this session?*

Victor struggled to sleep and I showed him a relaxation technique. By doing this technique with him, he managed to relax during the session and learnt a technique that he could duplicate on his own to help him sleep. Instead of just helping Victor to do breathing exercises, I added some visualisation techniques to assess where he felt safe in the past and how these feelings could be duplicated in his present situation. By doing this, Victor managed to identify certain things that he could do again, like listening to music. He was given an opportunity to write his own action plan and give feedback.

### **6.6. Sixth Session**

#### *6.6.1. Session description*

The sixth session occurred one week after the fifth session. Victor seemed very relaxed and comfortable with coming to the sessions. He seemed to have made it a part of his routine. Although he felt fine emotionally, he did not feel 100% physically.

Victor felt that he was in control of his drinking and was now keeping away from the pub. He was very pleased with his progress and managed to drink only three cans (equivalent of two pints) on three days during the last week. However, he did this not by keeping to his plan of drinking one day and then skipping one day, but by not drinking for three days and then drinking for three days. The three consecutive days of drinking was mainly as a result of his concerns about his upcoming court case. In order to support him during this process, I wrote a reference letter that he could use in court.

Victor's sleeping was a bit better on the days he did not drink and he now listened to music and did some relaxation exercises to help him sleep.

He found that he had more money than he did in the past, since he was drinking so much less. When he added up what he's been spending on alcohol during the last 10 years, it amounted to £100, 000. That was shocking to him and explained why he now suddenly felt that he had some money in his pocket. He realised that not drinking so much as before has left a gap in his life. When he realised this and the

potential saving money could provide, especially when he worked full-time again, he decided that he wanted to save to go to Egypt, since he loved history and old ruins. However, since this is a long-term plan and since he had not explored his current county yet, he decided that it would help to keep him busy and give him something else to look forward to if he explored a part of his vicinity every week. He wanted to take the person he cared for with him and knew it would make a positive difference to him as well. He decided to get more information as soon as possible.

The specific goals Victor set for himself made him feel really positive, especially because he felt that he would also help someone else by working towards these goals.

Victor decided on the following action plan:

- Drink a maximum of three cans of lager per day and only if needed
- Get information about my county and visit one place per week

At the end of the session I continued to encourage Victor. His comment was: “I am learning to live again.”

Victor left the session excited about pursuing another new goal (exploring his area) and thereby contributing to someone else’s life (the person he cared for) as well.

The session could be summarised as follows:

- Building rapport.
- Looking for exceptions.
- Dealing with issues that were preventing him from progressing more.
- Helping Victor to set an action plan.
- Positive feedback and encouragement throughout the session.

#### *6.6.2. Pastoral care in this session*

Usually Victor should have had a maximum of six sessions according to the brief interventions protocol. However, I offered to continue seeing Victor until he appeared in court to help provide some structure and support during this difficult

time. The sessions' central element seemed to be encouragement and he seemed to benefit from this. I furthermore wrote a letter of support to the court in order to help Victor, even though this was not an expected part of the intervention process.

As in the other sessions, the *sustaining* pastoral function was still evident during the session. However, more emphasis was placed on *healing* by helping Victor to advance beyond his previous condition. I made use of *guiding* in order to help Victor make choices between alternative courses of action. *Nurturing* also took a more prominent place as Victor was assisted in developing his potential more, now that he was slowly starting to move forward from the initial crisis he presented with. During this session a fifth pastoral function, *reconciling*, was evident for the first time. This function aims to re-establish broken relationships. Although the focus was on setting a goal that would help him to grow, it also enabled him to improve his relationship with a significant person in his life. This introduced a new dimension to Victor, as he was not only focused on himself anymore, but started to look outside himself as well.

This session entailed mostly supportive pastoral care. The methods that could be identified during the session were as follows:

1. *Gratifying dependency needs.* I sustained and guided Victor during this session in a similar fashion to previous sessions.
2. *Objective review of the stress situation.* This was especially evident when I helped Victor to determine how much money he had spent over the last ten years on drinking. By doing this, Victor was enabled to look “objectively” at the situation and realise the extent of it.
3. *Changing the life situation.* I helped Victor to gain perspective on his situation and assisted him practically by writing a letter to the court about his progress. This had a strong supportive effect on him.
4. *Encouraging appropriate action.* I encouraged Victor to take action on the goals he had set for himself.

The pastoral characteristics of congruence, unconditional positive regard, empathy, an inner sense of identity, identification with Victor and a sense of personal aliveness have now been established as part of the relationship between Victor and myself.

Without these characteristics, the relationship of trust would not have been maintained.

### 6.6.3. Life coaching in this session

This session also started with the solution-focused question, which allowed Victor to reflect on his progress. This had the effect of creating a positive atmosphere. He continued to mention all the different areas in which he had made significant progress. When Victor talked about his finances, it was used as an opportunity for growth in the future. The rest of the session followed the broad structure of solution-focused coaching. Victor decided on goals that he wanted to pursue and the next steps were explored. Instead of focusing on what he had done in the past, emphasis was placed on what he would like to do in the future. This helped him to decide what his next step should be. I gave feedback at the end of the session.

Table 6.10 shows which steps in the solution-focused coaching model were followed, as well as other elements that were added to the process:

<b>Solution-focused coaching</b>	<b>Victor C: Session 6</b>	<b>Other elements</b>
<b>1. Engage with Victor first, not the problem</b>		
1.1. Connect with Victor	√	
1.2. Find out how to face the problem together with Victor	√	I wrote a letter of support to the court and gave it to Victor
<b>2. Establish what Victor wants the outcome to be</b>		
2.1. Find out details of what Victor wants	√	
2.2. Use the miracle question		
<b>3. Help Victor assess progress towards goals</b>		
3.1. Discuss past and recent successes in different social contexts: look for exceptions	√	
3.2. What does Victor need to do to repeat the exceptions?	√	Assessing financial expenses and the impact on his future
3.3. Ask many variations of scaling questions		
3.4. Ask what the next small step is to achieve a desired small change	√	
<b>4. Give feedback</b>		
4.1. Compliment	√	
4.2. Explain why a certain action may be a good idea	√	Client was allowed to write his own action plan
4.3. Give suggestions	√	Client was given an opportunity to give feedback about his experience

*Table 6.10. The solution-focused coaching structure for Victor C's sixth session*

Part of the identity I brought to the coaching relationship was to be self-aware, which is one of the qualities of an effective life coach. The flexibility of my approach was demonstrated by the fact that I allowed Victor to bring whatever he wanted to discuss to the session. I listened to Victor's needs and had good rapport with him. This was evident in the way he trusted me. I built on this relationship and used it as a foundation to challenge Victor in a forthright manner in order to help him grow. A good example of this was when money was discussed and I saw it as an opportunity to motivate Victor for the future. I thus displayed the various core characteristics of an effective life coach.

#### *6.6.4. Were any other methods used during this session?*

By asking specifically about the amount of money that he spent on alcohol in the past, Victor was helped to see the possibilities of a future without, or with a limited amount of, alcohol. He was given an opportunity to write his own action plan and give feedback.

### **6.7. Seventh Session**

#### *6.7.1. Session description*

The seventh session occurred one week after the sixth session. Victor was comfortable and mentioned that he was feeling better physically than he did the previous week when he felt a bit lost. He kept to his plan by drinking only three cans on two days during the last week. He exceeded his own expectations by doing four days in a row without having any alcohol – and he felt fine. He also had a day out in a place of interest in his county and enjoyed it very much.

Victor was unsure about what goals to set for himself next. Subsequently he completed the Wheel of Life. By doing this, he could see clearly which areas he still needed to work on (social relationships, spirituality and leisure) in order to progress to where he would like to be in the future. However, he also realised how much progress he had made during the previous six weeks. This instrument further gave him the opportunity to acknowledge other positive changes he had made that he had not discussed yet. I explained how one area can impact on other areas and he realised that if he focused on playing table tennis, something he wanted to do for a long time, it could also have a positive effect on the other areas of his life. Since he did not

have access to the internet, I printed information on two table tennis clubs in his area. He was grateful and very excited about this.

Victor decided on the following action plan:

- Drink a maximum of three cans per day on a maximum of two to three nights per week
- Avoid pubs
- Go to another town in my area
- Join a table tennis club

I gave the following feedback: “You have done really well and every time I see you, it is as though you are getting a little stronger.” His feedback was: “I can see a future for myself.”

Victor left the session feeling very hopeful.

The session could be summarised as follows:

- Building rapport.
- Looking for exceptions.
- Doing the Wheel of Life.
- Reflecting on his progress.
- Setting new goals.
- Helping Victor to create an action plan.
- Positive feedback and encouragement throughout the session.

#### *6.7.2. Pastoral care in this session*

Encouragement was central to the session and practical support was given when Victor wanted to play table tennis but did not know where to play, I did some research and printed the relevant information for him. When he completed the Wheel of Life, he discussed his spirituality. He mentioned that he was not a religious person, but that he had always believed in Something or Someone. He subsequently decided to keep the spirituality section in his Wheel of Life and explore it further. I

gave him the opportunity to discuss this openly in a relationship of trust without making any judgements with regards to Victor's values or beliefs.

Although the *sustaining* pastoral function still created the atmosphere for the *pastoral coaching* relationship, this session had a stronger *guiding* and *healing* element. When Victor was unsure about what goals he should pursue next, I helped him by using an assessment instrument. This not only helped him to make a decision but also served a sustaining function, as it reminded him of how far he had already progressed. The combination of realising that he had grown immensely since he started with the *pastoral coaching* and deciding what he wanted to do next had a healing effect as it helped him to advance beyond his previous condition. Victor was also helped to develop his talents by doing a sport which he always wanted to do. I assisted him practically in this, thereby displaying the pastoral function of *nurturing*.

This session could be described as a form of supportive pastoral care, with the following methods evident:

1. *Gratifying dependency needs.* This method has become a standard feature of the relationship between Victor and myself. In this relationship I played the role of a "good parent" on whom Victor could lean.
2. *Objective review of the stress situation.* I provided perspective to Victor on various issues and used an assessment instrument to help him move from a state of feeling stuck to feeling excited about the future.
3. *Changing the life situation.* I helped Victor to gain perspective and assisted him practically in changing his life situation by printing information for him to use.
4. *Encouraging appropriate action.* The practice of encouraging Victor to design his own action plan and taking action on it had become standard practice in the *pastoral coaching* relationship with him.

The six qualities of pastoral carers have been displayed consistently through my interaction with Victor and continued to be part of our relationship during this session.

### 6.7.3. Life coaching in this session

This session also started with the solution-focused question. When the broad structure of solution-focused coaching was followed, Victor mentioned that he found it difficult to decide on his next goal. I responded to this by reverting back to the assessment tool (the Wheel of Life) that he used during the first session to establish where he was and what he wanted to work on. This helped him to decide on a goal for the future, while also helping him to reflect on his progress. He realised that there were several exceptions to the problem occurring. This inspired him to set new goals for the future. It also helped him to realise that working on one area of his life will have an impact on other areas of his life as well. After completing the assessment exercise, he made decisions on what he wanted to do next. We both ended the session with feedback.

Victor scored as follows (see Table 6.11) on the Wheel of Life, with his previous score in brackets:

Area	Score (0 – 10)
Health	5 (2)
Family relationships	6 (4)
Social relationships	3 (2)
Physical environment	6 (4)
Personal development	6 (2)
Finances	6 (2)
Career	7 (6)
Fun and adventure	3 (2)
Spirituality	3 (2)
Overall	5 (3)

*Table 6.11. Victor C's second Wheel of Life scores*

In summary, the seventh session followed the steps outlined in Table 6.12 in the solution-focused coaching model, with certain other elements added to the process:



<b>Solution-focused coaching</b>	<b>Victor C: Session 7</b>	<b>Other elements</b>
<b>1. Engage with Victor first, not the problem</b>		
1.1. Connect with Victor	√	
1.2. Find out how to face the problem together with Victor	√	
<b>2. Establish what Victor wants the outcome to be</b>		
2.1. Find out details of what Victor wants	√	Using the Wheel of Life to assess progress and set new goals
2.2. Use the miracle question		
<b>3. Help Victor assess progress towards goals</b>		
3.1. Discuss past and recent successes in different social contexts: look for exceptions	√	
3.2. What does Victor need to do to repeat the exceptions?	√	
3.3. Ask many variations of scaling questions	√	
3.4. Ask what the next small step is to achieve a desired small change	√	Printing extra information to help Victor
<b>4. Give feedback</b>		
4.1. Compliment	√	
4.2. Explain why a certain action may be a good idea	√	Client was allowed to write his own action plan
4.3. Give suggestions	√	Client was given an opportunity to give feedback about his experience

*Table 6.12. The solution-focused coaching structure for Victor C's seventh session*

The five characteristics of an effective coach were again displayed during this session. The flexible approach I favoured was especially evident in how the assessment instrument was used not only to help Victor determine his goals but also to encourage and inspire him.

#### *6.7.4. Were any other methods used during this session?*

Victor was given an opportunity to write his own action plan and give some feedback.

### **6.8. Eighth Session**

#### *6.8.1. Session description*

The eighth session occurred one week after the seventh session. Victor was looking relaxed and well. He exceeded his own expectations again by managing to drink only three cans of lager on only one day during the last week. This happened on the day

before he went to court and he felt quite anxious. He had his court case and is now waiting to be sentenced the following week. He was feeling cautiously optimistic about his case, but still needed to have a pre-sentence report compiled. He acknowledged that it was because of the offence he committed that he ended up getting help for his drinking problem. He felt that, no matter whether he would get sentenced or not, the brief intervention sessions were definitely worth it and helped him to get his life back on track. He was feeling so much healthier and had now started to eat twice per day. He went out to another town in his area and decided that he would continue exploring the county. He was feeling a lot more confident and felt more in control of his drinking.

It was not long before Christmas and Victor realised that this was a danger period for him. Victor subsequently made an action plan to help him control his drinking during this period. He decided to go to his parents for three days, who would help him to stay focused on his goals. He felt that if he managed to get through Christmas, that he would be over the worst and that he would most probably be able to carry on with his new lifestyle. He decided that he would then also look for a job in the New Year.

Victor furthermore recognised that he would have to visit the AA on a regular basis or get other support structures in place to help him keep dry in the long term. Overall, though, he was feeling a lot better and mentioned that he used to be very paranoid in the past, but that even his paranoia was much better than before.

Victor decided on the following action plan:

- Drink a maximum of three cans per day if needed
- Going out and visiting new places as much as possible
- Go to my parents for Christmas
- Go to court in a week's time

I gave him the following feedback at the end of the session: "You have done so well and you are looking at your court case in a very mature way." His feedback was: "This was what I needed. Talking to you has given me so many ideas."

Victor left the session feeling confident. He felt that he had grown a lot and benefited from the regular sessions.

The session could be summarised as follows:

- Building rapport.
- Looking for exceptions.
- Discussing possible obstacles.
- Helping Victor to create an action plan.
- Positive feedback and encouragement throughout the session.

#### *6.8.2. Pastoral care in this session*

Victor was helped to reflect on the whole intervention process and evaluate his own experience. He looked at his court case in the light of the interventions process and realised that, although it was not a pleasant experience to go through the legal procedure, he was better off as result of the intervention he had. He thus managed to look at his situation in a mature manner and this helped him to be more confident about his situation. This is especially significant when it is taken into account that the goal of pastoral care is to help people towards wholeness and maturity of faith.

The *sustaining* pastoral function was clearly evident during this session, as the relationship was supporting Victor to grow. During this session it was evident that Victor had learnt a lot and that the *healing* function played a significant role in moving him beyond his previous circumstances. The healing took place rapidly during this session as Victor reflected on what he has learnt and used the outcomes to inform his decision-making for the future. The pastoral function of *reconciling* was touched upon as Victor was encouraged to spend time with his parents as well as join a support group that could help him in the future.

Although this session had the potential of requiring crisis pastoral care, as a result of the court case, Victor had developed sufficiently to deal constructively with the court case. Therefore the pastoral care type that could best be identified during this session was supportive pastoral care. The following methods were evident during this session:

1. *Gratifying dependency needs.* Although I still acted as the “good parent” whom Victor could trust, there was a clear shift in the approach. I did not guide as much and took a more supportive role. Victor was thus given an opportunity to take more responsibility, thus empowering him.
2. *Objective review of the stress situation.* During the previous sessions I often gave an objective perspective to Victor. During this session Victor began to take on that role and almost answered his own questions.
3. *Encouraging appropriate action.* Victor was given an opportunity to create his own action plan.

Although it seems as though the six pastoral characteristics are part of who I am and were displayed consistently throughout my relationship with Victor, it is worth mentioning my inner sense of identity. Due to this sense of identity I gave Victor an opportunity to coach himself by realising what he had learnt and using it to deal with difficult situations.

#### *6.8.3. Life coaching in this session*

This session started with the solution-focused question and Victor was helped to realise the exceptions to what his life was like a few months ago. To help him set goals, we discussed what possible obstacles were standing in his way. After identifying these obstacles, he could decide on his next step. He then went on to design a clear action plan to follow. At the end of the session we both gave feedback.

Table 6.13 shows which steps in the solution-focused coaching model were followed, as well as other elements that were added to the process:

Solution-focused coaching	Victor C: Session 8	Other elements
<b>1. Engage with Victor first, not the problem</b>		
1.1. Connect with Victor	√	
1.2. Find out how to face the problem together with Victor	√	
<b>2. Establish what Victor wants the outcome to be</b>		
2.1. Find out details of what Victor wants	√	
2.2. Use the miracle question		
<b>3. Help Victor assess progress towards goals</b>		
3.1. Discuss past and recent successes in different social contexts: look for exceptions	√	
3.2. What does Victor need to do to repeat the exceptions?	√	
3.3. Ask many variations of scaling questions		
3.4. Ask what the next small step is to achieve a desired small change	√	
<b>4. Give feedback</b>		
4.1. Compliment	√	
4.2. Explain why a certain action may be a good idea	√	Client was allowed to write his own action plan
4.3. Give suggestions	√	Client was given an opportunity to give feedback about his experience

*Table 6.13. The solution-focused coaching structure for Victor C's eighth session*

The characteristic five qualities of an effective coach were consistently displayed during the relationship with Victor and seem to be part of what I bring to the *pastoral coaching* relationship. However, it is worth noting that during this session I was not forthright, but played a more supportive role, empowering Victor to “coach himself”.

#### *6.8.4. Were any other methods used during this session?*

Victor was given an opportunity to write his own action plan and give feedback.

### **6.9. Ninth Session**

#### *6.9.1. Session description*

The ninth session occurred two weeks after the eighth session. Victor was looking well and was positive and was very pleased that he managed to get through Christmas without slipping back. He drank only once during this period and it was only three beer shandies instead of lager. He actually enjoyed the festive period and

felt that he was now beginning to enjoy normal things in life, something he had not done in years. He enjoyed Christmas and said that it was probably the first meal he enjoyed in eighteen years. He had a lot more energy than before and was feeling so much more confident, mainly because he was not so paranoid about his behaviour anymore.

Victor realised that his life was totally different from what it had been for a long time and this gave him hope for the future. He mentioned that he had nothing to look forward to when he came to the brief intervention sessions for the first time and even when he started to get better, he still felt down. However, he was now feeling a lot better and was planning for his future. He wanted to get a job, play table tennis and avoid pubs totally for at least the next 6 months.

His sentencing was postponed until the following week.

Victor decided on the following action plan:

- Drink a maximum of three cans per day if needed
- Going out to different places as much as possible
- Go to parents for New Year's Eve
- Go to court in a week's time

My feedback at the end of the session was: "You have come so far already. I know you can go so much further..." His feedback was: "I am looking forward to the future. This was the first Christmas meal I have enjoyed in years."

Victor left the session feeling confident and hopeful.

The session could be summarised as follows:

- Building rapport.
- Looking for exceptions.
- Discussing his future.
- Helping Victor to create an action plan.
- Positive feedback and encouragement throughout the session.

### 6.9.2. Pastoral care in this session

Victor was helped to realise the difference his drinking made to the way he experienced the meaning of life. When he reflected on the years he was drinking, he realised that it was like a prison.

As in the previous session I displayed the *sustaining* pastoral function very clearly, while Victor was allowed to reflect on his experience and guide himself through what he had learnt. Most of the other pastoral functions were thus not as evident as in the first sessions. However, the *nurturing* pastoral function was still visible as Victor was assisted to continue his development.

In essence this session was supportive pastoral care. The following methods were evident during this session:

1. *Gratifying dependency needs*. I still provided the safe environment for Victor where he felt accepted and encouraged.
2. *Objective review of the stress situation*. I asked questions to help Victor realise what he learnt. This had the effect that he “discovered” an objective review of the situation.
3. *Encouraging appropriate action*. Victor designed his own immediate and long term action plan.

I remained true to the six characteristics of a pastoral carer and thereby continued to build trust and inspire Victor with hope for the future. This was clearly reflected by Victor’s closing statement.

### 6.9.3. Life coaching in this session

This session started with the solution-focused question. This question helped Victor to unlock the exceptions to be identified. Since the *pastoral coaching* relationship was coming to an end shortly, I asked about Victor’s future first, before setting goals. This helped Victor to focus on the longer as well as the short term. He identified his next steps and designed an action plan. At the end of the session we both gave feedback.

Table 6.14 shows which steps in the solution-focused coaching model were followed, as well as other elements that were added to the process:

Solution-focused coaching	Victor C: Session 9	Other elements
<b>1. Engage with Victor first, not the problem</b>		
1.1. Connect with Victor	√	
1.2. Find out how to face the problem together with Victor	√	
<b>2. Establish what Victor wants the outcome to be</b>		
2.1. Find out details of what Victor wants	√	
2.2. Use the miracle question		
<b>3. Help Victor assess progress towards goals</b>		
3.1. Discuss past and recent successes in different social contexts: look for exceptions	√	
3.2. What does Victor need to do to repeat the exceptions?	√	
3.3. Ask many variations of scaling questions		
3.4. Ask what the next small step is to achieve a desired small change	√	
<b>4. Give feedback</b>		
4.1. Compliment	√	
4.2. Explain why a certain action may be a good idea	√	Client was allowed to write his own action plan
4.3. Give suggestions	√	Client was given an opportunity to give feedback about his experience

*Table 6.14. The solution-focused coaching structure for Victor C's ninth session*

As in the previous session, all the qualities of an effective coach, except being very direct or forthright, were displayed. Instead of being forthright I chose to be more supportive in my approach to Victor during this session.

#### *6.9.4. Were any other methods used during this session?*

Victor was given an opportunity to write his own action plan and give feedback.

### **6.10. Tenth Session**

#### *6.10.1. Session description*

The tenth session occurred one week after the ninth session. Victor received only a suspended sentence and a probation order and had to attend an alcohol referral group at another drug and alcohol agency in the area. He was very relieved about this



sentence and felt as though he had been handed a life-line and that it was now in his hands. He felt ready to take this step and to take responsibility for his actions. He thought that it would be difficult for him to resist celebrating when he came out of court, but he felt exactly the opposite and did not want to go near a pub. He was extremely pleased that he came through Christmas, New Year and his court case without slipping up once.

Victor sees himself as having a new identity, someone who does not drink anymore. He also thinks differently about his future and has peace of mind about it, something he did not have in the past. He drank for sixteen years and now that he stopped, he felt as though he had a life again and that he could look forward to his future. He also felt that he had more self-confidence than before because he was more clear-headed and since other important people in his life were proud of him. He did more than he did before in his caring-role and said that he was good at it. This reflected some of his new-found confidence.

Victor completed the Wheel of Life again (see Table 6.15), since it was the final session, and almost all the areas of his life expanded. The most significant increase on this instrument was his experience of spirituality. When he started he felt that he did not have a purpose or any real meaning in his life. The *pastoral coaching* never focused on addressing this issue explicitly. However, when he evaluated himself in this aspect of his life during the final session, he scored an eight, while his initial score was a two. This corresponded with the peace of mind he mentioned earlier in the session. He felt that his life was better as a whole and that he had a purpose in life, that there was meaning to his life and that he had value. As a result he was very pleased with the outcome of the brief interventions work and felt ready to continue with the work that the court ordered. He could now see a future for himself.

The Wheel of Life scores were as follows, with his previous scores (middle and beginning) in brackets:

Area	Score (0 – 10)
Health	7 (5) (2)
Family relationships	8 (6) (4)
Social relationships	6 (3) (2)
Physical environment	7 (6) (4)
Personal development	8 (6) (2)
Finances	7 (6) (2)
Career	7 (7) (6)
Fun and adventure	7 (3) (2)
Spirituality	8 (3) (2)
Overall	7 (5) (3)

*Table 6.15. Victor C's final Wheel of Life scores*

In addition to using the Wheel of Life data, Victor scored as follows on the National Drug Treatment Monitoring System's (NDTMS) Treatment Outcomes Profile (TOPS):

*Substance use: Alcohol*

On average during the last four weeks he drank five units per day and drank three days per week.

On a scale of zero to twenty, if zero is poor and twenty is good, he scored as follows (see Table 6.16) in three sections of his life, with his previous scores in brackets:

TOPS Section	Score (0 – 20)
Psychological health status	18 (4)
Physical health status	14 (6)
Overall quality of life	16 (4)

*Table 6.16. Victor C's final TOPS scores*

Victor decided on the following action plan:

- Drink a maximum of three cans if needed
- Continue to work on the different areas of my life
- Attend Probation
- Attend the alcohol referral group

My feedback was: "Every time you set a goal for yourself, you did more than was needed. Well done, you have done so well – I am really proud of you." His feedback was: "You've been fantastic. When I think of the future, I have peace of mind. I

needed someone clear-headed to talk to and that was you. You have helped me through the hardest three months of my life.”

Victor left the session full of hope for the future.

The session could be summarised as follows:

- Building rapport and listening.
- Looking for exceptions.
- Using the Wheel of Life to measure progress.
- Helping Victor to create an on-going action plan.
- Positive feedback and encouragement throughout the session.

#### *6.10.2. Pastoral care in this session*

I never used spiritual or religious language, but focused more on being someone to Victor who encouraged him and helped him to set small and practical goals. During this process his self-confidence was enhanced and he started to believe that change was possible. This belief in him and his value as a person, as well as supporting him during a difficult time in his life, helped him to find purpose and meaning again. These are spiritual functions and as a result he had renewed hope and felt that he had a future. Subsequently he experienced peace of mind and increased in wholeness. The whole experience was thus in essence pastoral in nature.

The traditional pastoral functions that were most clearly displayed during this session were *nurturing* and *reconciling*. The former was the most visible as Victor was encouraged to continue the development of his potential in the future. Now that Victor had grown so much and planned on developing further, there was also a focus on helping him to re-establish relationships with other people as well as with God. Although his relationship with God was never mentioned explicitly, there was a significant increase in his experience of spirituality. The other three functions, sustaining, healing and guiding, were implicitly present as the administration of them previously helped in leading Victor to a place where he felt a greater sense of wholeness than before. However, while Victor was supported during this session and

healing already took place to a great extent, guiding did not explicitly occur during this session.

This session also took the form of supportive pastoral care, with the following methods evident:

*1. Gratifying dependency needs.* I still played the role of a “good parent” on whom Victor could lean. However, to continue with the analogy of the good parent, it was now time for the child to leave the home and continue on his own. I assisted Victor through a difficult period of his life and helped him to become stronger and learn how to deal with certain issues. He was now ready to take responsibility for his life and move to the next stage.

*2. Objective review of the stress situation.* I empowered Victor to reflect on his own situation. However, to help him realise the implication of the work he had done over the past few months, I used the Wheel of Life again. This gave him more perspective on his progress.

*3. Encouraging appropriate action.* Victor was encouraged to continue taking action on the plans he made.

*4. Using religious resources.* This method was evident for the first time in the *pastoral coaching* relationship. This was not done through any traditional religious resources like prayer, Scripture, devotional literature or communion, but rather the use of the spirituality section of the Wheel of Life. By reflecting on Victor’s growth in this section, he realised that there was meaning to his life. He felt more at peace than he ever had and experienced that he had a purpose in life. This gave him hope for the future.

I remained true to the six characteristics of a pastoral carer and thereby continued to build trust and inspire Victor with hope for the future. However, in his closing statement, Victor referred specifically to the “clear-headedness” I displayed. This emphasised the fact that I consistently helped Victor to gain perspective on his situation. However, this would not have been possible without a sense of my own identity. Since I could focus totally on Victor, I was able to see the situation clearly, without my own issues clouding the situation. This empowered Victor to decide his plan of action and follow through on it.

### 6.10.3. Life coaching in this session

This session also started with the solution-focused question. Victor was helped to realise his own progress by first reflecting on the exceptions that took place and then focusing on the Wheel of Life. This helped him to set goals for the future and design an appropriate action plan. The session ended with feedback from both of us.

Table 6.17 shows which steps in the solution-focused coaching model were followed, as well as other elements that were added to the process:

<b>Solution-focused coaching</b>	<b>Victor C: Session 10</b>	<b>Other elements</b>
<b>1. Engage with Victor first, not the problem</b>		
1.1. Connect with Victor	√	
1.2. Find out how to face the problem together with Victor	√	
<b>2. Establish what Victor wants the outcome to be</b>		
2.1. Find out details of what Victor wants	√	
2.2. Use the miracle question		
<b>3. Help Victor assess progress towards goals</b>		
3.1. Discuss past and recent successes in different social contexts: look for exceptions	√	Using the Wheel of Life to assess Victor's progress
3.2. What does Victor need to do to repeat the exceptions?	√	
3.3. Ask many variations of scaling questions	√	
3.4. Ask what the next small step is to achieve a desired small change	√	
<b>4. Give feedback</b>		
4.1. Compliment	√	
4.2. Explain why a certain action may be a good idea	√	Client was allowed to write his own action plan
4.3. Give suggestions	√	Client was given an opportunity to give feedback about his experience

*Table 6.17. The solution-focused coaching structure for Victor C's tenth session*

Although all five characteristics of an effective life coach seem to be present during my interaction with Victor, one quality is worth mentioning: forthrightness. As this was the last session, I made the learning outcomes more explicit. This was clearly displayed when Victor scored high during the spiritual aspect of the Wheel of Life. I pointed this out to Victor and helped him to make the connection between stopping drinking, working on different aspects of his life, setting small goals and experiencing a deeper sense of meaning in his life.

#### *6.10.4. Were any other methods used during this session?*

The Wheel of Life was used to show his progress as well as determine goal areas for the future. Victor was also given an opportunity to write his own action plan and give feedback.

#### **6.11. Final outcome**

The whole *pastoral coaching* process with Victor C was completed within ten weeks and took ten sessions. During this time he achieved all the goals he set for himself before the start of the intervention.

Victor initially wanted to get a better understanding of why he could not stop drinking. During the intervention, he realised that he was addicted and that it was very easy to slip back into old ways. However, he also realised that it was possible for him to stop drinking and that his life could be different. As a result he managed to get his whole life more under control than it was before.

He also wanted to be pointed in the right direction to deal with his addiction. Although he dealt with his addiction during the *pastoral coaching* and made significant progress, the court ruled that he should attend another agency's group work scheme. He therefore also achieved this goal.

Victor wanted more self-respect as well as more energy and got both as a result of the *pastoral coaching*.

In addition to the goals Victor wanted to achieve, he also managed to increase his own sense of wholeness and felt that he had purpose and meaning in life and that he was a valuable person. His self-confidence increased significantly and he made a difference in the life of the person he cared for. He improved in almost every area of his life and managed to become healthier by eating better, sleeping better, drinking less alcohol and walking more. His relationships with his friends and family improved. His finances were significantly better and he had more fun and adventure by exploring different parts of the county where he lived. He had hope for the future and was planning to get a job.

The progress Victor made in several areas of his life, whether he set goals initially or whether it became important to him during the process, can clearly be seen in the following comparison graph (Figure 6.2) of his initial and end results on the Wheel of Life:

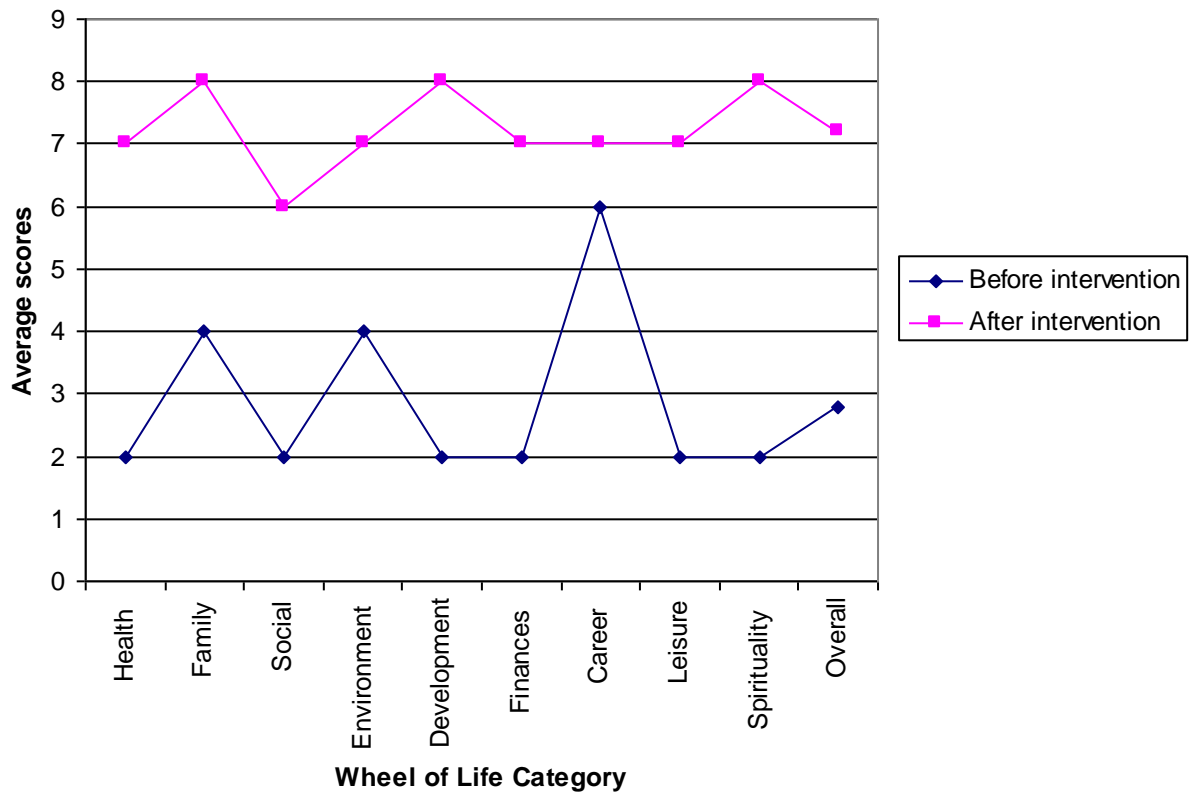


Figure 6.2. Victor C's comparative results for the Wheel of Life

These comparative results show that Victor made significant progress during the time he attended the *pastoral coaching* process at this charity.

During the ten weeks Victor underwent *pastoral coaching*, he also had two sessions with Alcoholics Anonymous early during the intervention process. He also had an on-going court case during this time, but did not receive any other therapeutic input that contributed directly to the outcome of this intervention.

Although Victor did not have any other therapeutic experiences with which he could compare the *pastoral coaching*, he felt that it was a life-changing experience for him and that it helped him to get through the hardest time in his life. He was extremely

grateful for the help he received and was very positive and hopeful at the end of the intervention process. He had some other support structures in place when the process was completed as he had to attend another agency for alcohol counselling as well as an alcohol referral group. He also planned to attend more Alcoholics Anonymous meetings and had the support of his parents.

## **6.12. Analysing *pastoral coaching***

### *6.12.1. What was the overall structure of pastoral coaching with this client?*

During all the sessions it was clear that the overall structure of *pastoral coaching* with Victor was similar to that of solution-focused coaching. Although certain elements were added at various stages of the process, the process still followed a clearly solution-focused coaching outline. The structure of solution-focused coaching is given in table form below. After each section, I will briefly set out how I fulfilled the specific part of the structure during my work with Victor.

Since the first session was slightly different from the other sessions, its structure is discussed separately:

<b><i>1. Engage with Victor first, not the problem</i></b>
--

<i>1.1. Connect with Victor</i>
---------------------------------

<i>1.2. Find out how to face the problem together with Victor</i>
---

My aim was to connect with Victor and establish rapport very early, even before the session started formally. I subsequently managed to align myself with Victor first, before the problem was even discussed.

<b><i>2. Establish what Victor wants the outcome to be</i></b>
--

<i>2.1. Find out details of what Victor wants</i>
---

<i>2.2. Use the miracle question</i>
--------------------------------------

I helped Victor to establish his overall goals for the *pastoral coaching* process as well as what he would like to achieve in the first session.

<b><i>3. Help Victor assess progress towards goals</i></b>
--

<i>3.1. Discuss past and recent successes in different social contexts: look for exceptions</i>
---

<i>3.2. What does Victor need to do to repeat the exceptions?</i>
---

<i>3.3. Ask many variations of scaling questions</i>
--

<i>3.4. Ask what the next small step is to achieve a desired small change</i>
---



Victor was given an opportunity to tell his story and identify what he wanted to work on by using an assessment instrument, called the Wheel of Life. This instrument uses scaling questions as part of its method. He was also helped to identify times when the problem did not happen (exceptions) and was given an opportunity to design his own action plan.

<b>4. Give feedback</b>
-------------------------

<i>4.1. Compliment</i>
------------------------

<i>4.2. Explain why a certain action may be a good idea</i>
---

<i>4.3. Give suggestions</i>
------------------------------

At the end of the session I gave positive feedback and invited Victor to also give feedback of how he experienced the session or anything else he wanted to say.

The same solution-focused coaching structure was also followed during subsequent sessions. However, the sequence was slightly changed as the second and third steps were swapped. The second to tenth sessions were thus structured as follows:

<b>1. Engage with Victor first, not the problem</b>
---

<i>1.1. Connect with Victor</i>
---------------------------------

<i>1.2. Find out how to face the problem together with Victor</i>
---

During all the sessions I aimed to connect with Victor and establish good rapport prior to the session by meeting him in the waiting room, being genuinely pleased to see him and engaging in problem-free talk and showing interest in him as we walked to the counselling room. Rapport was thus established before the session started formally. This relationship of trust was developed throughout the session by listening attentively to Victor and allowing him to tell his story if he seemed distressed. I acknowledged the difficulties he was experiencing and addressed these during the session.

<b>2. Help Victor assess progress towards goals</b>
---

<i>2.1. Discuss past and recent successes in different social contexts: look for exceptions</i>
---

<i>2.2. What does Victor need to do to repeat the exceptions?</i>
---

<i>2.3. Ask many variations of scaling questions</i>
--

<i>2.4. Ask what the next small step is to achieve a desired small change</i>
---

I always asked the solution-focused question, “What has been better since I saw you last time?”, during the first part of the session. This question gave Victor an opportunity to talk about the progress he had made. It also helped him to identify any

exceptions (when the problem is not happening). These exceptions were explored in more detail in order to find out what he could do to repeat them. As a result Victor determined exact elements of what he needed to do to continue his progress and knew what to do when he finished each session. Victor was thus helped to learn from his experience, while I acknowledged his progress and encouraged him to continue to duplicate and expand on these actions. In the middle as well as the end of the intervention process the assessment instrument, the Wheel of Life, was used to assess the progress he made. By reflecting on this, Victor was encouraged.

<b><i>3. Establish what Victor wants the outcome to be</i></b>
--

<i>3.1. Find out details of what Victor wants</i>
---

<i>3.2. Use the miracle question</i>
--------------------------------------

After acknowledging his progress, Victor was encouraged to use what he learnt and focus on just the next step. This helped him to set appropriate and achievable goals. Various methods were used to help him with this: a new instrument, designed by myself, was used to help him reflect on his life and set new and appropriate goals; the Wheel of Life was used to focus on areas that needed further work; occasionally issues that were preventing him from progressing more or obstacles that may prevent him from progressing were also discussed and were dealt with one-by-one. At the end of the interventions process, Victor's future was discussed to assist him in identifying goals for the future. When he felt stuck or did not know how to approach certain goals, I assisted him by offering suggestions or teaching him relevant techniques that could help him. Close to the end of each session, Victor had an opportunity to design his own action plan and write it down.

<b><i>4. Give feedback</i></b>
--------------------------------

<i>4.1. Compliment</i>
------------------------

<i>4.2. Explain why a certain action may be a good idea</i>
---

<i>4.3. Give suggestions</i>
------------------------------

Although Victor was encouraged throughout the whole session, this was formalised at the end of each session when I gave feedback to him in which the main learning points and action plan were summarised. The feedback was also used to inspire and encourage Victor and often focused on his strengths and progress he had already made. Victor was also given an opportunity to share his views and feelings about the session. This was part of the process of empowering him to take more responsibility.

6.12.2. *What traditional functions of pastoral care were displayed during pastoral coaching?*

All five traditional functions of pastoral care, *healing*, *sustaining*, *guiding*, *reconciling* and *nurturing*, were evident during the *pastoral coaching* process. However, they were not apparent in equal measures and a clear pathway of development can be distinguished as the different sessions are analysed.

During the first four sessions, only *sustaining*, *guiding* and *healing* could be identified. These pastoral functions reflected the nature of the process in which Victor was supported through the difficult circumstances he was experiencing. He was also guided in the process of making difficult decisions and helped to take appropriate action and thus progress beyond his previous condition. During the fifth session *nurturing* was also added as a pastoral function as Victor was encouraged to develop his potential by focusing on an area he had previously neglected. The sixth session saw another pastoral function, *reconciling*, being added. This function aimed to assist Victor in re-establishing broken relationships. Although all five pastoral functions were evident to various degrees in the last four sessions, there was a gradual movement from being more sustaining and guiding in nature to being more nurturing and reconciling. This shift occurred as healing took place and Victor experienced personal growth. As a result he was encouraged to continue the development of his potential and to restore his relationships.

6.12.3. *Can pastoral coaching be identified as one of the classical types of pastoral care?*

An analysis of the various sessions shows clearly that three classical types of pastoral care could be identified during the process of *pastoral coaching* with Victor. However, only one type, *supportive pastoral care*, could be identified in all ten sessions. *Crisis pastoral care* was only visible in two sessions (one and four) when Victor experienced a crisis. Both these sessions occurred before the halfway mark of the intervention process and when he experienced another crisis during the eighth session, he was able to deal with it sufficiently on his own without crisis intervention being necessary. A third type, *educative pastoral care*, was also only evident in four sessions (two, three, four and five). All four occurrences happened up to the halfway mark of the interventions process and one of these appearances (four) occurred

simultaneously with crisis care. It therefore seems as though the *pastoral coaching* was a form of supportive pastoral care, but that crisis pastoral care was used when Victor experienced an acute crisis, while educative pastoral care was used to help Victor see new possibilities and convey certain skills to him to assist his progress. During the latter half of the interventions process only supportive pastoral care could be identified. This type of pastoral care aims to stabilise, undergird, nurture, motivate or guide individuals who are struggling and enable them to handle their situations more constructively (Clinebell, 1984, p.170). It helps them to deal with their current circumstances, so that they will be able to cope better in the future. All seven methods of supportive pastoral care could be identified during the intervention process. However, four methods were used on almost all occasions, while three methods occurred at various intervals:

*Emotional catharsis* only occurred twice during the whole process (one and four). Both occasions coincided with the use of crisis pastoral care and thus occurred during the first half of the process. This method was used to assist Victor in dealing with the crisis he was experiencing.

*Aiding the ego's defences* only occurred during the first session when he found it difficult to accept that his behaviour had an adverse effect on the person he was caring for. During the fourth session there was also an opportunity to aid his ego defences, but I chose not to do this in order to help him develop. At that stage of the intervention process, he coped well with realising the consequences of his own behaviour.

*Using religious resources* only occurred during the last session when Victor was assisted in identifying his progress during the intervention process. Spirituality was discussed as part of the Wheel of Life and he discovered that his life had meaning and that he had hope for the future.

These three methods were used as and when they seemed necessary and fitted with the nature of the four sessions mentioned: the first, the last and crisis episodes.

The four methods that were consistently displayed as part of *pastoral coaching* were as follows:

*Gratifying dependency needs.* The style that I used during the intervention process gratified Victor's dependency needs as I continued to comfort, sustain, inspire and guide him.

*Objective review of the stress situation.* I aimed to consistently offer perspective on Victor's situation by asking appropriate questions to stimulate his thinking. This method was also used as part of the educative pastoral care that was offered on four occasions.

*Changing the life situation.* Although the regular perspective that I provided, as well as the educational pastoral care, stimulated change in Victor, I also provided practical help on several occasions which supported him in changing his life situation.

*Encouraging appropriate action.* This feature was consistent during all ten sessions as I endeavoured to encourage Victor to design his own action plan at the end of each session.

These four methods of supportive pastoral care communicate the essence of *pastoral coaching* as far as it portrays the comforting and encouraging style I displayed, while also giving perspective on the situation and enabling Victor to make changes to his life.

According to Clinebell (1984, p.177), there are four varieties of supportive pastoral care: *crisis*, *stopgap* and *sustaining pastoral care* as well as *growth counselling*. As already established, *pastoral coaching* may make use of *crisis pastoral care* methods on occasion, but in essence it is not this type of pastoral care. Although *pastoral coaching* may at times be *stopgap supportive care* until someone can be referred to another professional, it is clear that this was not the case with Victor. *Sustaining pastoral care* usually occurs periodically within a long-term pastoral relationship. This was also not the case with Victor as he came specifically for the brief interventions work and left after it was completed. *Growth pastoral care* focuses on helping someone to handle life situations constructively by making better use of their personality resources and relationships. It focuses on the potential of people and aims to help individuals towards wholeness. Clinebell (1979, p.184) states that this variety of supportive pastoral care can make use of a variety of shorter-term therapies in order to help clients focus more on the present and the future than the

past. This is indeed one of the central characteristics of life coaching. Therefore, it seems as though *pastoral coaching* is a form of supportive pastoral care and specifically of the growth counselling variety.

*Pastoral coaching* appears to share the same orientation as growth counselling. Clinebell (1979) emphasised the fact that growth counselling is aimed at various dimensions of an individual's life and draws on the human-potentials movement. *Pastoral coaching* also focuses on the various dimensions of life by using a recognised life coaching instrument, the Wheel of Life, and manages to integrate life coaching, which is part of the human-potentials movement, with pastoral care. However, growth counselling only provides a unifying conceptual framework within which therapeutic-growth resources from a variety of therapies and from the Christian tradition can be integrated (Clinebell, 1979, p. 185). *Pastoral coaching*, on the other hand, provides a specific method in which the human-potentials movement and pastoral care can integrate in order to help clients grow towards wholeness. *Pastoral coaching* thus uses the theoretical foundation of growth counselling, but provides a specific method to enable growth in clients.

#### 6.12.4. What were the characteristics of the pastoral coach?

According to Clinebell (1984, pp.416-419), there are six characteristics that should be displayed by the pastoral counsellor. I endeavoured to display all six qualities – congruence, non-possessive warmth, empathic understanding, an inner sense of identity, the therapeutic attitude of a wounded healer and personal aliveness – during all the sessions. The first three characteristics are usually also displayed by secular counsellors, while the last three are seen by Clinebell (1984) as additional essential characteristics of pastoral counsellors. Although all six qualities were important in building a strong relationship of trust with Victor, the quality of personal aliveness was central to the whole process of *pastoral coaching*. This was especially evident during the first half of the interventions process. My aim was to act as an enlivener of Victor and I consistently helped him to look at his whole life, bit by bit. Victor often responded to this “aliveness” at the end of each session by mentioning that he felt positive or inspired.

In addition, I consistently strived to offer perspective on Victor's situation. Sometimes this included asking very specific questions and at other times it required some educational input. In all cases, though, Victor felt that he benefited from the perspective I brought. At the end of the whole process, Victor specifically referred to this aspect of the process which he felt made a difference to him. Inherent to this aspect, was my own inner sense of identity. Without being clear about my own identity, purpose and value as a person, it would have been hard to be so totally focused on Victor. However, since I fully believed in the value of Victor as a person, I made every effort to ensure that no personal issues clouded the situation. I thus aimed to be totally focused on Victor and helping him to gain perspective on his situation.

The five characteristics of an effective life coach that Collins (2001, pp.45-49) identified were also present during most of the sessions. Self-awareness, flexibility, people-sensitivity, synergy with Victor and forthrightness were all displayed during most sessions. However, close to the conclusion of the intervention, I was less forthright and more supportive to Victor and chose to empower him to take more responsibility and draw his own conclusions. This changed again during the last session when I chose to explicitly share some outcomes with Victor, in order to help direct his future. Although all five features are evident during the process, it was the good rapport I had with Victor, being very sensitive to his needs and the flexibility in my approach that stood out. I adapted relatively well to whatever Victor brought to each session and managed to continue to offer perspective as well as support and assisted Victor in growing through his experience.

It could therefore be concluded that I displayed all the qualities that would be expected from a pastoral counsellor as well as from an effective life coach.

#### *6.12.5. Which distinctive characteristics of the coach/client relationship were displayed during the pastoral coaching sessions?*

According to Clinebell (1984, p.171), the relationship *per se* is the primary instrument of change in supportive pastoral care. This method therefore depends on a strong, empathic pastor-client relationship. During this process the client relates

trustfully to the pastoral carer and draws on the pastoral carer's inner strength. This then helps him/her to deal more constructively with his/her situation.

This process was evident during the *pastoral coaching*. It was clear that Victor trusted me and that we had good rapport. This was probably the result of the characteristics I displayed through the whole interventions process, as discussed under the previous heading. However, other qualities were also evident during the *pastoral coaching* process. These qualities played a central role in building a relationship of trust with Victor, yet were not identified as essential characteristics of a pastoral carer or a life coach. The following qualities were displayed:

*Willingness to walk the extra mile.* I often did extra work for Victor, like printing information or writing a letter of support. This was not an expected part of the process, yet I showed that I was willing to help and support Victor as much as possible through these practicalities. This enhanced the relationship of trust between us.

*Acting as encourager and cheerleader for Victor.* Through every session and especially at the end of sessions, I made a point of encouraging Victor by referring to what he had already done as well as the potential I saw in him.

*Valuing Victor for who he is.* By consistently working with Victor as someone whom I valued, I helped him to value himself also. This had a significant impact on his self-image.

*Focusing on wholeness and helping Victor to live life to the full.* During the interventions process, I focused on various aspects of Victor's life and helped him with any topic that he felt was relevant to his situation. I subsequently did not focus only on the problem he presented with, but instead helped him to address different aspects of his life. By using different instruments, I helped Victor to view his life as a whole and decide what he wanted to do with his life.

*Using various techniques/tools/methods to achieve this outcome.* During the *pastoral coaching* process I used recognised life coaching methods, traditional pastoral care methods, methods I designed, visual aids and any other means available to help, encourage and inspire Victor.



6.12.6. *What unique elements were displayed during pastoral coaching that were not part of traditional pastoral care or life coaching?*

- Victor was given an opportunity to write his own action plan.
- He could consistently give feedback about his experience of the process.
- The Wheel of Life was used to determine his current circumstances as well as goals for the future.
- The Gears of Life (Beukes, 2011) was used to help him reflect on his own situation and set appropriate goals.
- A drinking graph was used to help him gain perspective on his situation.
- A confidence graph was used to improve insight into his behaviour.
- Relaxation techniques were introduced to help Victor with anxiety and sleeping patterns.
- Victor was helped to grasp the financial implications of his behaviour through the use of the whiteboard.

6.12.7. *What conclusions could be drawn about pastoral coaching as a result of this case study?*

i. Although certain elements were added at various stages of the process, this case analysis showed clearly that *pastoral coaching* is a form of life coaching that follows a *solution-focused coaching structure*.

ii. *Pastoral coaching* is a form of *supportive pastoral care*, although it may occasionally also make use of *crisis* or *educative pastoral care*. Within *supportive pastoral care*, it is most closely associated with growth counselling.

iii. As a form of supportive pastoral care, *pastoral coaching* mostly makes use of four methods of this pastoral care type: *gratifying dependency needs*, *objective review of the stress situation*, *changing the life situation* and *encouraging appropriate action*. The other three methods of supportive pastoral care may occasionally be used to enhance the process, but will not be used consistently.

iv. All five traditional functions of pastoral care, *healing*, *sustaining*, *guiding*, *reconciling* and *nurturing*, are evident during the *pastoral coaching* process. During

the earlier stages *sustaining*, *guiding* and *healing* are more apparent, while *nurturing* and *reconciling* become more apparent during the latter stages.

v. All six characteristics of pastoral counsellors, as defined by Clinebell (1984) as well as all five essential characteristics of an effective life coach, as defined by Collins (2001) are displayed as part of the *pastoral coaching* relationship.

vi. A relationship of trust was established in a relatively short period of time and good rapport was maintained throughout the *pastoral coaching* process. In addition to the personal qualities I displayed, I also demonstrated the following five qualities, which typify the coach/client relationship: *willingness to walk the extra mile*, *acting as encourager and cheerleader for the client*, *valuing the client for who they are*, *focusing on wholeness and helping them to live life to the full* and *using various techniques/tools/methods to achieve this outcome*.

vii. A combination of various techniques was used during the process of *pastoral coaching* that is not usually part of either solution-focused coaching or supportive pastoral care. However, the uniqueness of *pastoral coaching* does not seem to be centred in the specific techniques that were used, but rather the way these techniques were used as well as the reason why they were used. It seems as though the aim was constantly to support, encourage and empower the client and then use any means possible to help him towards a greater sense of wholeness.

### **6.13. Revised propositions for the theory of *pastoral coaching***

These conclusions that were drawn from the case of Victor C can be regarded as a set of initial propositions for the theory of *pastoral coaching*. These seven propositions have subsequently been tested by reflecting on them in the light of the analysis of six further cases. These cases acted as support for the case of Victor C and were used to support and expand on the description of *pastoral coaching*. Each case was analysed in a similar, comprehensive manner to the case of Victor C. A summary of the background information and final outcome of each supporting case, as well as a brief analysis of each of the six cases, can be found in Appendix A. The preliminary propositions were revised during the analysis of these six supporting cases and the following seven revised propositions are suggested for the theory of

*pastoral coaching*, as it was developed within this specific charity out of the data of these specific cases:

*i. Structure*

*Pastoral coaching* follows a solution-focused coaching structure. However, the six supporting cases show clearly that there is a difference between the first and subsequent sessions. During the first session the sequence of the questions remains the same:

1. *Engage with the client first, not the problem*
2. *Establish what the client wants the outcome to be*
3. *Help the client assess progress towards goals*
4. *Give feedback*

During subsequent sessions, the second and third steps of solution-focused coaching change around, with the order being:

1. *Engage with the client first, not the problem*
2. *Help the client assess progress towards goals*
3. *Establish what the client wants the outcome to be*
4. *Give feedback*

*ii. Classical pastoral care type*

The six supporting cases confirm that *pastoral coaching* is a form of *supportive pastoral care*, although it occasionally also makes use of *crisis* or *educative pastoral care*.

*iii. Methods of supportive pastoral care*

The six supporting cases confirm *pastoral coaching* mostly makes use of four supportive pastoral care methods:

1. *Gratifying dependency needs*
2. *Objective review of the stress situation*
3. *Changing the life situation*
4. *Encouraging appropriate action*

The other three methods of supportive pastoral care, *emotional catharsis*, *aiding the ego's defences* and *using religious resources*, are only occasionally used to enhance the process.

#### *iv. Traditional functions of pastoral care*

The six supporting cases also confirm that all five traditional functions of pastoral care, *healing*, *sustaining*, *guiding*, *reconciling* and *nurturing*, are evident during the *pastoral coaching* process, as seen in Appendix A. During the earlier stages *sustaining*, *guiding* and *healing* are more apparent, while *nurturing* and *reconciling* become more apparent during the latter stages. Furthermore, these five functions could not only be divided into the broad categories of earlier and later stages of the *pastoral coaching* process, but also that these functions generally occur in a specific sequence. This could subsequently be described as five phases of *pastoral coaching*: *sustaining*, *guiding*, *healing*, *nurturing* and *reconciling*.

#### *v. Personal qualities of the pastoral coach*

All six characteristics of pastoral counsellors, as defined by Clinebell (1984) as well as all five essential characteristics of an effective life coach, as defined by Collins (2001) are displayed as part of the *pastoral coaching* relationship. Although various other qualities are displayed at times during the six supporting cases, three additional characteristics are constantly present during the *pastoral coaching* process:

- 1. Consistent offering of perspective*
- 2. Consistent encouragement*
- 3. Consistent empowerment*

#### *vi. Coach/client relationship*

A relationship of trust is established in a short period of time and good rapport is maintained throughout the whole process. In addition to the personal qualities of the pastoral coach, six further qualities are part of the coach/client relationship:

- 1. Willingness to walk the extra mile*
- 2. Acting as encourager and cheerleader for the client*
- 3. Valuing the client for who they are*
- 4. Focusing on wholeness and helping the client to live life to the full*
- 5. Using various techniques/tools/methods to achieve this outcome*

## *6. Helping clients to take responsibility for their actions*

After the case of Victor C, only the first five of the above-mentioned qualities were suggested. These five qualities were tested and confirmed through the analysis of each case. However, the sixth quality was added to the initial list when Gemma C's case was analysed. After this quality was identified as an essential part of the coach/client relationship, all six qualities were tested and confirmed by the remaining cases.

### *vii. Uniqueness of pastoral coaching*

The six supporting cases confirm that *pastoral coaching* uses a combination of various techniques that are not necessarily part of either solution-focused coaching or supportive pastoral care and may on occasion be dependent on the creativity of the pastoral coach. However, these techniques are always aimed at supporting the clients and helping them towards a greater sense of wholeness. The most important aspect of this process is not so much the specific technique that is employed, but rather the way it is used, in a supportive and encouraging way. The reason why it is used is equally important: to enable growth in clients and empower them to take responsibility in their situation.

These seven propositions that are based on the analysis of seven individual cases will be discussed in more detail during the next chapter. Subsequently a more comprehensive theory of *pastoral coaching* will be suggested.

## **Chapter 7**

### **DISCUSSION ON *PASTORAL COACHING***

The aim of this chapter is to discuss the results that were obtained in Chapter 6 and Appendix A of this research. Each case built on the previous cases and at the end seven propositions of *pastoral coaching* were suggested. These seven propositions, along with the other original research questions, will be discussed in more detail in this chapter. Subsequently a more comprehensive theory of *pastoral coaching* will emerge. References will be made to the case of Victor C, as well as to the other six supporting cases that can be found in Appendix A. This chapter will be in a question-and-answer format and will conclude with a definition of *pastoral coaching* as well as a schematic representation of the theory of *pastoral coaching*.

#### ***7.1. Can pastoral coaching be regarded as a form of life coaching? If so, where does it fit into the wider discipline?***

The seven cases that were analysed all indicate that the type of intervention used at this specific charity was a form of *solution-focused life coaching*. This was evident in the structure that was followed during all the sessions. However, it must also be noted that I did change the sequence of this type of life coaching slightly. Although I often omitted or added extra elements, I generally followed the accepted structure of this type of life coaching during the first session with every client. During subsequent sessions, however, I consistently changed the format so that I could assist clients to reflect on their progress first and learn as much as possible from their reflection, before discussing further goals. This gave clients a sense of hope and allowed them some perspective on their situations. Only once they have learnt from their situations and have been encouraged by their progress, did I assist them in setting small goals for themselves in order to reach their overall goal.

Although *pastoral coaching* is thus clearly a form of life coaching, and specifically of solution-focused coaching, it uses a modified structure in order to encourage clients and instil in them hope for the future. These characteristics seem to allude to the pastoral nature of this type of intervention, i.e., encouraging and giving hope (Capps, 1995a, p.1), instead of just being focused on the achievement of goals.

## ***7.2. Can pastoral coaching be regarded as a form of pastoral care?***

In Chapter 3 a set of five criteria was identified that constitutes my own understanding of pastoral care. These criteria can be used to determine whether *pastoral coaching*, as practised in these seven cases, was a form of pastoral care. The five criteria of pastoral care, as it is understood in this research, were met in the following way:

*i. The term pastoral care can only be used when it refers to care that is being done in or on behalf of the Christian Church.*

This was the case for *pastoral coaching* in all seven cases as it took place within the context of a Christian charity that was founded as a para-church movement to expand the work of the Christian Church. As a pastor of a local church, I extended my impact in the community through my work at this charity. Even though my own background was not made explicit during my contact with clients, I still represented the Church, as I acted according to my Christian values.

*ii. The being of the pastoral carer is central to pastoral care.*

The *being*-function of a pastoral carer can usually be ascertained by looking at the relationship he/she has with the client. These cases demonstrated clearly that I built relationships of trust with the clients. As a result of this trust between the clients and myself, they were able to take responsibility for their own behaviour and had the freedom to make their own choices. The relationship I had with clients was central to the whole process and throughout the intervention I continued to support and encourage them.

*iii. Pastoral care enjoys a freedom, but not a compulsion, to draw upon the traditional resources of the community of faith.*

*Pastoral coaching* employed various tools and techniques from life coaching as a “secular” therapy during these cases. However, I also used these tools to convey spiritual meaning or supported clients in their spiritual journey when it was applicable. In some cases I referred clients to Alcoholics Anonymous (the case of Victor C), the Alpha course or a local Church (the case of George R), which could all be defined as communities of faith.

*iv. Pastoral care should aim to help all people.*

Although most of the clients in these cases were not Christian, I helped and assisted them in the same way as I did those who were Christians. I often assisted clients in the reconciliation process of their relationships and sometimes addressed systems that impacted them, like the criminal justice system, directly.

*v. Pastoral care aims to help people towards greater wholeness.*

The process of *pastoral coaching*, and especially the use of the Wheel of Life, clearly indicates that these interventions aimed to help clients become more fulfilled and experience a greater sense of wholeness, by developing different areas of their lives and not just focusing on the issues they presented with initially.

According to these parameters of pastoral care, it is arguable that *pastoral coaching* is indeed a form of pastoral care, as it fits within all five parameters. The further question is, however, how *pastoral coaching* forms part of pastoral care and where exactly it fits into the wider discipline.

**7.3. Where does this form of pastoral care fit into the broader discipline?**

In order to determine where *pastoral coaching* fits into the broader discipline of pastoral care, it is important to compare this approach to existing types of pastoral care. During the analysis of these seven cases, I used Clinebell's (1984) classical types of pastoral care and found that three classical types could be identified as part of these interventions:

*i. Crisis pastoral care*

This type of pastoral care is a popular short-term pastoral intervention. I subsequently expected to find this type of pastoral care in most cases. However, the analysis showed that crisis intervention could only be identified in three (the cases of Victor C, Wendy W and Peter N) of the seven cases. On all three occasions these interventions took place early on during the *pastoral coaching* process. During several of the seven cases, though, the clients faced potential crises at later stages of the *pastoral coaching* process, yet were able to deal with these without crisis



intervention techniques. Although I was available to help them deal with their crisis situations, they seemed to have learnt constructive ways of coping with these problems through the process of *pastoral coaching* and were able to boil the problem down to its major parts, gain perspective on their situation, decide on constructive ways to deal with the challenge and develop an on-going action plan. These are the essential elements of crisis intervention as defined by Clinebell (1984, pp.205-208), yet it took place without it being administered by me. This seemed to have been made possible through the first step of this process Clinebell identified: the relationship of trust and caring, which I already had with the clients. They also seemed to have learnt how to approach crises through the way I demonstrated the use of certain questioning techniques to enhance their perspective on difficult situations. These questions helped them to ascertain what they have learnt through their experience.

Although this classical type of pastoral care could thus be identified as part of *pastoral coaching*, it only occurred during the first part of the intervention process and through this process clients were able to learn how to deal with crises in a constructive manner.

#### *ii. Educative pastoral care*

This type of pastoral care and counselling aims to foster wholeness in individuals. This is achieved through the use of counselling skills in order to help clients understand, evaluate and apply relevant information to their situation in order to cope with their circumstances (Clinebell, 1984, p.324). This form of pastoral care is relatively natural in the normal ministerial setting. However, since these cases did not take place in the usual ministerial setting, I did not expect this to be as clearly presented as it was. Educative pastoral care could be distinguished in six (the cases of Victor C, Wendy W, Gemma C, George R, Gwen Y and William F) out of the seven cases.

In all these cases, though, this type of pastoral care only took place during occasional sessions and was only used when the clients felt unable to generate viable options after I asked them certain questions. The information that was shared with the various clients took many different forms and was always applicable to the specific

situation the client struggled with. In some cases I recommended books that the client could read between sessions to open more possibilities for them. In this way this type of pastoral care was used to assist the clients in generating new options. This helped to increase their hope by making them aware of other available options. In all these cases this extra education was administered through the caring and trusting relationship I had with each client. This pastoral type that was employed within the context of *pastoral coaching* subsequently contributed to helping these clients progress towards their goals.

### *iii. Supportive pastoral care*

This type of pastoral care aims to stabilise, undergird, nurture, motivate or guide struggling individuals (Clinebell, 1984, p.170). It aims to help them deal more constructively with their current circumstances, so that they would be able to cope better in the future. In all the sessions of all seven cases that were analysed, this basic type of pastoral care was evident. In these cases the relationship itself seemed to be the primary instrument of change, as is the case with this pastoral type as well (Clinebell, 1984, p.171). My approach was also very action-orientated and I made use of “guidance, information, reassurance, inspiration, planning, asking and answering questions and encouraging or discouraging certain forms of behaviour” (Clinebell, 1984, p.172) as is the case with supportive pastoral care. Clinebell (1984, pp.172-174) listed seven methods of supportive pastoral care. All seven methods were identified across the seven cases. However, three of them only occurred occasionally, while four methods were *consistently* displayed in *all* cases. These four methods of supportive pastoral care thus seem to characterise *pastoral coaching*:

#### *a. Gratifying dependency needs.*

The style with which I approached my clients seemed to gratify their dependency needs as I continued to comfort, sustain, inspire and guide them. Clinebell (1984, p.172) described the supportive pastoral carer as a “‘good parent’ figure on whom the [individual] can lean”. The relationship I had with my clients was similar to this metaphor, but seemed closer to the stereotypical relationship between older and younger siblings. Generally older siblings would support their younger brothers or sisters, similar to Clinebell’s “good parent figure”. However, older siblings tend to let younger siblings take more responsibility and are normally less inclined to let

them be too dependent on them. Similarly, I was trusted by the individual clients and they evidently had good rapport with me. I furthermore consistently empowered them to take responsibility for their own lives and thus not become too dependent on me. My aim was to keep a balance between encouraging clients' independence while also providing a safe and secure environment for them. As with any metaphor, this image also has certain shortcomings. The purpose of this metaphor is, however, not to describe the relationship I had with clients in detail, but to acknowledge that I did gratify their dependency needs, albeit in a slightly different way than Clinebell's "good parent figure".

*b. Objective review of the stress situation.*

I consistently offered perspective on clients' situations and achieved this by asking appropriate questions or offering remarks to stimulate their thinking or reframe their situation. I endeavoured to keep the balance between challenging clients to take responsibility and providing a protective environment in which several options could be discussed and explored.

*c. Changing the life situation.*

The perspective, guidance, encouragement and hope that I offered to clients empowered them to make life-changing decisions. I often assisted clients practically by giving them extra information, recommending books, writing letters or organising further help and support. I did whatever was appropriate and needed by clients in order to support them, as well as help them to reach their goals.

*d. Encouraging appropriate action.*

This feature was consistent during all the sessions of all the analysed cases. I always encouraged the clients to design their own action plans at the end of each session and asked them when they would complete each action step. Consequently clients usually left the *pastoral coaching* session with a clear action plan. This helped them to keep focused and experience change.

The following three methods of supportive pastoral care were only used during occasional sessions:

e. *Emotional catharsis.*

This usually coincided with the use of crisis pastoral care (the cases of Victor C, Wendy W and Peter N) and was used to assist clients in dealing with crises.

f. *Aiding the ego's defences.*

This occurred in two cases (Victor C and Gwen Y) and on both occasions it happened during the first session when the specific clients found it too painful to connect their behaviour with certain consequences. Both clients were able to connect with the consequences of their own behaviour at a later stage in the interventions process. Initially, though, I did not challenge their behaviour, but supported them in their circumstances, thereby aiding their ego's defences.

g. *Using religious resources.*

No traditional religious resources were used, except in one case (Gemma C) where I provided support on spiritual matters to a client who was a Christian and wanted to discuss issues related to her faith. The assessment instrument, the Wheel of Life, was used as a non-conventional religious resource on several occasions. In these instances the spirituality section of this instrument stimulated a spiritual conversation. Although spirituality always formed part of the instrument, not all clients expanded on this section (the cases of Peter N and Gwen Y). It could therefore be deduced that this instrument will only become a religious resource if the client recognises it as an opportunity to discuss his/her own spirituality and chooses to do so.

It could thus be concluded that *pastoral coaching* is closest in nature to supportive pastoral care. As discussed in Chapter 6, *pastoral coaching* seems closest to the *growth counselling* variety of supportive pastoral care. *Pastoral coaching* uses the theoretical foundation of growth counselling by bringing resources from secular therapies and the Christian tradition together. However, *pastoral coaching* expands on this by providing a *specific method* to enable growth in clients.

#### ***7.4. What is the aim of pastoral coaching?***

During all seven cases it was clear that the aim of *pastoral coaching* was not only to assist clients with their immediate problems but also to enable them to grow and achieve a greater sense of wholeness. In order to achieve this aim, I employed several methods. These methods and the unique approach of *pastoral coaching* will be discussed in more detail in Question 7.8. However, in Chapter 3 it was established that wholeness is the overall aim and purpose of pastoral care, while Chapter 4 determined that life coaching aimed to assist clients in achieving a greater sense of fulfilment and wholeness. Life coaching aims to do this by helping individuals to order their lives around their values and what they regard as important. Values are also integral to pastoral care. During the *pastoral coaching* process clients were assisted in defining their own values and helped to align their goals with who they are and who they wanted to be. This was especially evident in the cases of Wendy W and Gwen Y. Wholeness thus seems to be the overall aim of both pastoral care and life coaching and values are integral to both disciplines. *Pastoral coaching* remained true to the aim of both these disciplines by focusing on helping clients to move towards a greater sense of wholeness, as they experienced it, while utilising clients' inherent values. This is clearly reflected in an analysis of the different cases.

#### ***7.5. Which pastoral metaphor would describe the process and nature of pastoral coaching most accurately?***

Louw's (1999, pp.61-78) pastoral metaphors were discussed in Chapter 3. Since the analysis of the seven cases showed that *pastoral coaching* is a form of pastoral care and that this type of intervention displays the *being*-function of this discipline, it follows that these metaphors should be identified during the process of *pastoral coaching*. Although elements of all four of Louw's metaphors were displayed during the interventions process, they often overlapped and could not be distinguished clearly. Upon reflection, I realised that another pastoral method may be more appropriate to describe the process of *pastoral coaching*: *the gardener metaphor*. Kornfeld (1998, pp.10-11) suggested this pastoral metaphor which represents the caring of a pastoral carer which leads to a greater sense of wholeness. Central to this metaphor, which was also discussed in Chapter 3, is the idea that pastoral carers should cultivate wholeness by tending to the "plants", while realising that it is God,

not the gardener, who makes the plants grow. In this process the pastoral carer strives to be there for those in need. This metaphor thus serves as a theological presupposition that *being* is more essential to enabling growth than *doing* (Augsburger 1986, p.350).

This metaphor is extremely applicable to *pastoral coaching*, as it implies care, compassion, guidance, perspective, healing and empowerment. These are all integral elements of *pastoral coaching*. When the gardener metaphor is used to refer to the different aspects of the *pastoral coaching* process, it implies that the person who provides this intervention should act in a specific way: the pastoral coach is responsible for establishing an environment in which the client would be able to grow. He/she is furthermore responsible for building a relationship of trust and conveying God's care and compassion to each client through a loving and sustaining relationship. The pastoral coach should also display the gardener's characteristic of looking after a seedling that is vulnerable and needs the correct environment to be able to grow. As the "plant" slowly develops and grows, the pastoral coach guides the "branches" to grow in a way that would be beneficial to the whole "plant". As it grows, the pastoral coach helps the "plant" to grow beyond what he/she has experienced before and thus enables healing to take place. The clients are assisted to make their own action plans and take responsibility for their own growth, while the pastoral coach only aids the process through supporting them and asking them questions to help them grow. By doing this, clients are helped to develop their own potential as well as different aspects of their lives. The aim of the pastoral coach as *gardener* is thus to assist clients in achieving wholeness, thus focusing on the social, physical, emotional, mental and spiritual aspects of their lives.

The appropriateness of this Biblical metaphor to the process of *pastoral coaching* communicates the *being*-character of this type of intervention. Yet, the structure and specific tools and techniques ensure that the *doing*-function of *pastoral coaching* is also clearly displayed. *Pastoral coaching* thus seems to bring *being* and *doing* together.

### ***7.6. How did pastoral coaching reconcile the tension between being and doing?***

Within pastoral care there has been a longstanding tension between the *being*- and the *doing*-functions of the pastoral carer. This tension was discussed in Chapter 3. In this debate, I favoured the point of view that pastoral care is in essence about *being* someone to the client, rather than *doing* something or using certain tools and techniques. However, it was also clear that I perceived this lack of emphasis on using certain methods as a gap in pastoral care, as clients could be helped practically by using specific techniques. As a result I used life coaching techniques to enhance the pastoral care that was offered by the specific Christian charity I worked for and in this way *pastoral coaching* was developed. *Pastoral coaching* thus relieves the tension between *being* and *doing* by bringing the two emphases together in this new type of intervention. In the reconciliation process between these two perspectives, my own personality and experience seemed to play a central role, hence the discussion on the qualities I displayed during the *pastoral coaching* process (see Question 7.9). There are, however, two further issues that may have combined *being* and *doing* in the process of *pastoral coaching*: *my personal pastoral conviction* and *my specific spirituality*.

#### *i. My pastoral conviction*

In Chapter 2 I discussed my own beliefs and how my past experiences shaped my faith. This played a major role in the formation of my theological perspective and pastoral conviction. I believe that God is with us in whatever we do and that someone's faith should subsequently help them through any difficulty they may face in life. During my studies I came across a definition of pastoral care that summarised this belief by stating that it was "geloofshulp as lewenshulp"<sup>8</sup> (Louw, 1999, p.58). When I subsequently used the *pastoral coaching* approach, this belief that our faith should help us practically was still central to my practice. However, pastoral care is usually delivered in a clear faith setting with believers or with people who are aware that they have come to a Christian organisation. This was not the case with this specific Christian charity. The charity itself operated from a Christian ethos, but did not state this explicitly to all clients. Instead it focused on helping everyone who

---

<sup>8</sup> Help with faith as practical help with life

came for help, regardless of their beliefs, and only made its ethos known if clients asked for the motivation behind its actions. In this context *pastoral coaching* thus worked with believers and non-believers alike and this may be the main reason why I started with “lewenshulp”<sup>9</sup> rather than “geloofshulp”<sup>10</sup>. This meant that instead of starting with the spirituality of clients, so that this may impact the rest of their lives, I started with helping them practically, which then had an impact on their spirituality. By providing an environment in which the client felt safe and accepted, a relationship of trust was established. I then used this relationship to help each client progress towards wholeness by using a variety of pastoral care and life coaching techniques and methods, as well as some methods that were not part of either discipline. This process led to the clients developing different aspects of their lives and learning how to deal constructively with their situations. The evidence gained from the Wheel of Life (see Table 7.1 and Figure 7.1) shows clearly that, on average, clients made significant improvements to various areas of their lives during the course of the *pastoral coaching* process.

Area	Score (0 – 10)
Health	7.3 (4.3)
Family relationships	7.3 (5.4)
Social relationships	6.9 (4.9)
Physical environment	7.6 (5.9)
Personal development	7.7 (4.6)
Finances	7.6 (4.9)
Career	6.7 (3.3)
Fun and adventure	6.3 (3.6)
Spirituality	6.7 (3.7)
Overall	7.1 (4.5)

*Table 7.1. Average comparative results for the Wheel of Life*

---

<sup>9</sup> Practical help with life

<sup>10</sup> Help with faith



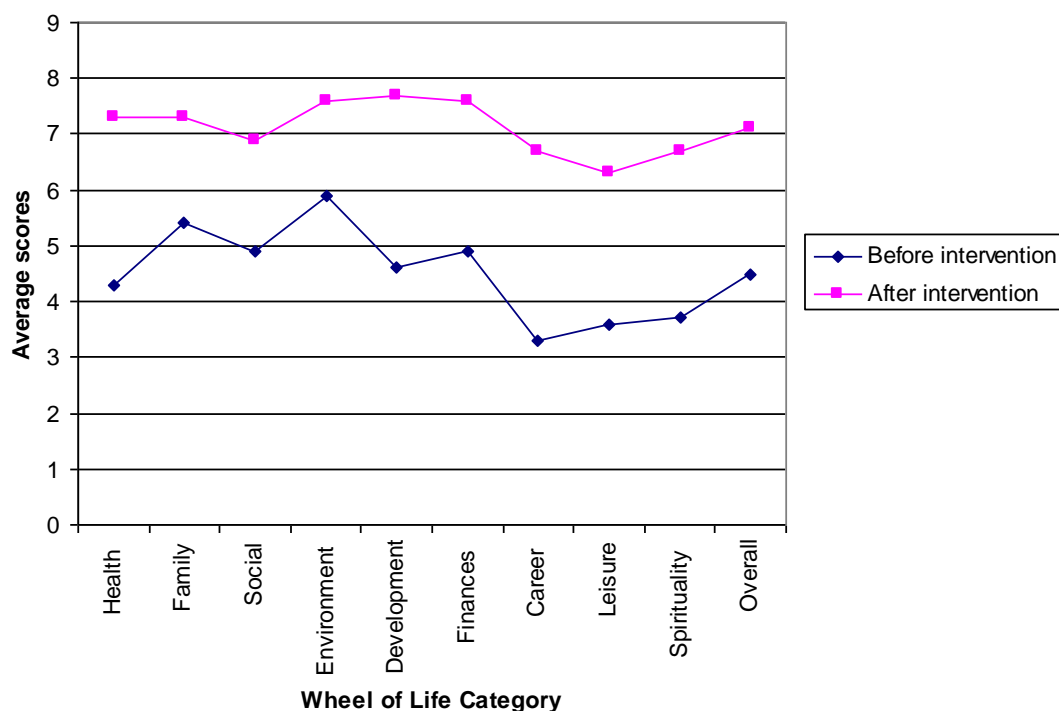


Figure 7.1. Average comparative results for the Wheel of Life

However, the average score of spirituality is especially significant, as this was not an area I focused on explicitly, except in one case (Gemma C). Yet, on average, clients improved their own perception of this part of their lives significantly. This indicates that the *pastoral coaching* did have an impact on the spiritual development of clients, even though this was not the main aim. It thus seems that, by managing to provide “lewenshulp” to clients, I also served to provide “geloofshulp”. In this way, pastoral coaching turned this formula of pastoral care (Louw, 1999, p.58) around by working with non-Christians. Instead of providing “geloofshulp as lewenshulp”, I provided “lewenshulp as geloofshulp”<sup>11</sup>. By being someone who embodied my beliefs and my Christian values, I built a relationship of trust with each client and then used a life coaching structure and various techniques and methods to help clients towards wholeness. This process did not only help clients with practical life issues (“lewenshulp”), but indeed also helped them to grow spiritually (“geloofshulp”). The traditional tension between *being* and *doing* in pastoral care thus seem to have been reconciled in myself through the process of *being* someone

<sup>11</sup> Practical help with life as help with faith

for clients, yet *using certain techniques* and methods to assist clients with their challenges.

*ii. My spirituality*

My own character seemed to have played a significant role in the process of *pastoral coaching* and the different qualities I displayed during this process will be discussed in more detail in Question 7.9. However, through the comments of clients as well as the discussion of my background (Chapter 2), it is clear that my spirituality and faith are central to who I am in my interaction with clients. This is evident in the way I worked with clients as well as how I seemed to have managed the tension of being and doing within myself. An investigation of my spirituality type may subsequently give more insight into how I managed to reconcile these two seemingly opposing points of view with each other during the process of *pastoral coaching*.

Gary Thomas (2000) developed the idea that there are nine different spiritual pathways, or ways of relating to God. Myra Perrine did her doctoral thesis on these nine different types of spirituality and defined them as follows:

“The activist – loving God through confrontation with evil,  
The ascetic – loving God through solitude and simplicity,  
The caregiver – loving God through serving others,  
The contemplative – loving God through adoration,  
The enthusiast – loving God through mystery and celebration,  
The intellectual – loving God through the mind,  
The naturalist – loving God through experiencing Him outdoors,  
The sensate – loving God through the senses,  
The traditionalist – loving God through ritual and symbol.” (Perrine, 2007, p.8).

Perrine (2007, pp.21-27) subsequently created the *Spiritual Temperament Inventory* in order to help Christians discover their own natural spiritual preference by completing a questionnaire. I completed this questionnaire and scored highest on the *caregiver* and *contemplative* spirituality types. If these scores are accurate, these two spiritual pathways seem to be my natural spiritual preferences. *Caregivers* (2007,

p.53) are described as Christians who see practical needs of people and want to do something to help them in concrete ways. Although this characteristic could be described as a typical Christian virtue, the difference is that people with this spiritual preference feels closest to God when they are *doing* something practical to help someone else. *Contemplatives* (2007, p.58), on the other hand, feel closest to God when they are just *being* with Him. They prefer being with Him rather than doing many things for Him. Interestingly, I had similar high scores on both these seemingly contrasting preferences. Perrine (2007, p.121) discusses this tension between the *caregiver* (*doing*-function) and the *contemplative* (*being*-function) by stating that they are interrelated and that what people do often reflects who they are and that who they are is often demonstrated by what they do. According to Perrine (2007, p.122), our *doing* must be based on our *being* with God. This seems to describe what I did during the *pastoral coaching* process. If my Spiritual Preference Inventory scores are at all accurate then perhaps I achieved in some measure a reconciliation between *being* and *doing* in my *pastoral coaching*. By building on my *contemplative* spiritual preference, I reflected my own *being* with God and how I experienced Him during the *pastoral coaching* sessions. I subsequently managed to build strong relationships of trust with the various clients. I furthermore practised my *caregiver* spiritual preference by employing all the tools and techniques I could use appropriately in order to help clients practically. By focusing on and using both preferences, I was thus able to reconcile *being* and *doing* within the process of *pastoral coaching*.

### ***7.7. What traditional functions of pastoral care were displayed during pastoral coaching?***

According to Clebsch and Jaekle (1964, p.79) the normative feature in pastoral care is that the pastoral posture and the four pastoral functions of *healing*, *sustaining*, *guiding* and *reconciling* are constant. Clinebell (1984, pp.42-43) added *nurturing* as a fifth function. These five traditional functions of pastoral care are present throughout the centuries, as can be seen in Table 3.1 in Chapter 3. If *pastoral coaching* does indeed provide a specific method for growth counselling and if it is a form of supportive pastoral care, as was established through the analysis of the seven cases, then it follows that at least one of the five traditional functions should be evident during the seven cases that were analysed. This was indeed the case and

most pastoral functions could be identified in all the cases, with all five functions being visible during the process of *pastoral coaching*.

It furthermore transpired that these five functions were not present in equal measures, but that a specific pattern could be identified during the process of *pastoral coaching* which is best described by using the five traditional functions of pastoral care. It is therefore argued that these five functions were not only present during *pastoral coaching*, but that they form five phases of *pastoral coaching*:

#### *Phase I: Sustaining function*

In all the cases *pastoral coaching* started with the *sustaining* function and continued with this function through the whole interventions process. This function could thus be seen as the foundation of *pastoral coaching*. It could also be described as shepherding, which is a time-tested model for pastoral care and forms a solid base on which the pastoral coach can build his/her identity (Clinebell, 1984, p.41). This function also emphasises the fact that *pastoral coaching* is a type of supportive pastoral care.

#### *Phase II: Guiding function*

The *guiding* function was clearly evident in all the analysed cases. I guided clients by assisting them in gaining perspective on their situation and helping them to make important decisions. In the majority of cases this was only evident during the first half of the *pastoral coaching* process. As the clients gained confidence and learnt how to deal with their situations in a more constructive manner, I played less of a guiding role and was more supportive and motivational in my approach. On only one occasion (the case of Gemma C) was the guiding function present throughout the whole process. This was also the one case in which the client had some underlying issues that she wanted to discuss during longer-term counselling. It thus seems as though the presence of the guiding function during the last few sessions, instead of just during the first half of the interventions process, may be an indication that further therapeutic intervention may be required. Clients who felt ready to progress on their own, needed less guidance during the second half of the *pastoral coaching* process. Furthermore, it is important to note that there was only one session, with the client who wanted longer-term counselling (Gemma C), in which the guiding

function could not be identified. This was the same session in which she stated that she did not need longer-term work. This confirms the perception that the absence of the guiding function may indicate the readiness of the client to progress without longer-term intervention.

### *Phase III: Healing function*

*Healing* is defined as “a pastoral function that aims to restore the person to wholeness by leading them to advance beyond their previous condition” (Clebsch and Jaekle, 1964 cited in Clinebell, 1984, p.42). In all the cases this aim was clear as I helped clients to focus on several areas of their lives and move towards wholeness. In all cases they reached their goals and moved beyond their previous condition and thus were healed to a certain degree. This was usually the result of the combined effort of the *sustaining* and *guiding* functions, which provided a safe environment in which they could grow. In most cases healing was evident from a very early stage and clients progressed to the other pastoral functions, or next phases of *pastoral coaching*, as is currently argued, only when they started to move beyond *healing* to *being healed*. In only one case (Gwen Y) was healing not visible early on, since the client was unable to connect with the consequences of her behaviour. Once she made the connection, healing took place very rapidly. However, it required direct confrontation and *guidance* which took place in a *sustaining* environment.

### *Phase IV: Reconciliation function*

This function took on many different formats in the various cases. According to Clebsch and Jaekle (1964 cited in Clinebell, 1984, p.42) this function “seeks to re-establish broken relationships between man and fellow man and between man and God”. I would add a third relationship to this list that may be in need of restoration: the relationship with the self. In the majority of cases the clients had low self-esteem and did not value themselves (the cases of Victor C, Gemma C, George R and Gwen Y). However, through the healing relationship between each client and myself, as well as the specific guidance and the approach I used, their self-esteem improved and they accepted themselves more. Most clients also reported an improvement in their relationships with significant others. The only client (Gemma C) who reported an improvement in her relationship with God was a Christian. It has to be noted, though, that all the clients showed a significant improvement in their experience of

spirituality, as evidenced through the Wheel of Life. It could therefore be argued that all of them improved their relationships with God, although they did not describe it in those terms. Whatever the case may be, in all the cases, clients were only able to look beyond themselves to other people and experience reconciliation once they felt they experienced *healing* in themselves. The relationship with the self, as discussed above, could thus only be another way of referring to the *healing* that clients experienced. In all cases this internal *reconciliation* with the self or *healing* took place before the restoration of relationships with other people. The only exception to the occurrence of the external *reconciliation* function in the latter half of *pastoral coaching* was when the client was a Christian (Gemma C) and wanted to discuss her relationship with God very early during the interventions process.

In only one case (Peter N) did the process not progress beyond the first three phases of *pastoral coaching*: *sustaining*, *guiding* and *healing*. During this specific case the intervention process came to an abrupt halt when the client decided after the third session that he was satisfied with his progress and did not feel the need to continue with the process. Although he did not continue beyond this session, he did refer to his relationship with a significant other during the last session and designed an action plan to address this issue. It could therefore be argued that had the client continued with the process, he would most probably have addressed the restoration of his relationships and therefore *reconciliation* might have been the next phase of the *pastoral coaching* process. Although this is speculative, the other six cases seem to indicate that *reconciliation* is the next phase in the *pastoral coaching* process.

#### *Phase V: Nurturing function*

This function aims to “enable people to develop their God-given potentialities” (Clinebell, 1984, p.43). This function was evident in the majority of cases (all except the case of Peter N) as clients’ self-confidence increased and they managed to deal more constructively with the issues they were facing. As this happened and their relationships improved as a result of the reconciliation function, they began to realise their potential and worked towards fulfilling this potential. This focus on developing themselves further than in the past and thus work towards living a more fulfilled life only occurred during the latter part of the *pastoral coaching*. In the one case (Peter N) where only the first three pastoral functions could be identified due to an

unexpected end to the process, the client did mention that he was thinking more about his future and the work he would like to do. It could therefore be argued that he may have discussed how he could fulfil his potential further had he continued with the *pastoral coaching* process. This could not be stated with certainty, as he did not continue. However, in all the other cases *nurturing* could be distinguished during the latter part of the interventions process, as clients felt that they had made some significant progress in several areas of their lives. They subsequently wanted to continue their own personal development beyond the *pastoral coaching* process.

According to Clinebell (1984, p.43), “the full development of pastoral care and counselling depends on the utilisation of all five strands of the pastoral care tradition”. He further argued that an emphasis on the contemporary fulfilment of these traditional functions would move pastoral care away from the predominantly medical or psychotherapeutic model and give it a clear pastoral identity. This research shows that not only could all five traditional pastoral functions be identified in *pastoral coaching* with these clients, but that they form a specific process by which *pastoral coaching* operates: the *sustaining* function forms the foundation and is evident throughout the whole process; *guiding* takes place during the initial stages of *pastoral coaching* and leads to *healing* within the client; *reconciliation* follows after healing during the latter stage of the *pastoral coaching* process; and finally clients experience *nurturing* as they decide to continue their personal development further. *Pastoral coaching* thus seemed to have found a way of utilising all five functions of pastoral care into one method, thereby constituting *pastoral coaching* as a unique way of administering pastoral care to Christians, as well as non-Christians, while maintaining its pastoral identity.

Since this discussion seems to indicate that *pastoral coaching* is unique in the way it combines the five pastoral functions into one method, it is important to explore whether anything else in the process of *pastoral coaching* distinguishes it as a unique method.

### ***7.8. What is unique about pastoral coaching?***

It has already been established that *pastoral coaching* employs a *solution-focused structure*. Furthermore, the process *pastoral coaching* follows clearly constitutes it as a form of *supportive pastoral care*. It has also been established that *pastoral coaching* is made unique by the way it incorporates the five traditional pastoral functions of pastoral care and utilises it in a specific sequence in order to assist clients in a distinctly pastoral way. This approach gives *pastoral coaching* a clear pastoral identity. Furthermore it was determined that *pastoral coaching* is a form of *growth counselling*, but that it adds to this approach by providing a specific method by which clients can be assisted to grow towards wholeness. However, the analysis of these seven cases shows that the *pastoral coaching* did not only make use of elements from the two disciplines of life coaching and pastoral care, but that there were also some distinct features that could be identified during the interventions process. Some of these techniques were borrowed from other secular therapies, while I created others. In all cases, though, the aim was to assist each client towards wholeness and I tried to use the most appropriate method or technique I could think of to help each individual client.

Three characteristics could be identified which were consistently displayed during all the sessions of all seven cases:

#### *i. Clients were given an opportunity to create and write their own action plan.*

This was in contrast with solution-focused coaching in which the life coach would normally make suggestions of what the client should do between sessions. During *pastoral coaching* I occasionally offered suggestions, but worked from the perspective that clients would have their own perception of what is achievable for them. In this way I conveyed my respect for the clients and that I valued their opinions and regarded them as the experts on their own lives, instead of presuming that I knew what was best for them.

#### *ii. Clients were consistently asked for their feedback on sessions.*

The solution-focused coaching model states clearly that the life coach should give feedback to the client, which I always did. However, by asking clients to also give feedback at the end of each session, they were empowered to raise their opinion and



state if something was not how they wanted it to be or to emphasise a positive experience. Whatever they chose to say, this feature helped them to find their voice and let them feel that I valued their opinions. Although asking clients for their feedback is a usual part of Cognitive Behavioural coaching (Neenan, 2006, p.94), this is unusual in solution-focused coaching.

*iii. The Wheel of Life was consistently used to determine clients' current circumstances as well as their goals for the future and to help them progress towards wholeness.*

Although the Wheel of Life is a life coaching instrument, it is not always used to foster wholeness in clients, but rather used purely as an assessment and goal-setting instrument. The presence of this instrument at the beginning and end of interventions was seen as an essential criterion for the selection of cases, in order to have a consistent outcome measure when the effectiveness of *pastoral coaching* is determined. When the other cases that were not selected for this research were surveyed, it was evident that the Wheel of Life was not always used during the process of helping clients to work towards wholeness. Therefore the use of this instrument could not be identified as one of the unique characteristics of *pastoral coaching*. However, I consistently focused on assisting clients in achieving wholeness and helped them to address several areas of life, even though I did not always use this specific instrument in order to measure their progress. Yet, the analysis of these cases showed that this instrument was very helpful in focusing clients' goals and helping them become more fulfilled. Therefore, I would suggest the use of this instrument as part of the *pastoral coaching* process, as it furthermore serves as an outcome measure which could be used to emphasise the improvement clients have made and thus encourage them.

In addition to these three characteristics, I also used the following methods on occasion in order to help clients achieve wholeness:

- I asked specific questions or offered suggestions to help clients gain perspective on their situation and improve their insight. This was a form of “reframing” (Capps, 1995b).

- When clients felt unable to progress further, I gave them practical advice, extra information or recommended specific books.
- Clients were helped to learn from their experience and identify how they would handle similar situations in the future.

Elements of the following recognised techniques were used:

- Motivational interviewing techniques were used to increase some clients' motivation (Gemma C and Gwen Y).
- Spiritual support was given to one client in particular (Gemma C) who wanted some help in her relationship with God.
- Relaxation techniques were introduced when clients struggled with anxiety, sleeping patterns or cravings (Victor C).
- Crisis intervention techniques were used when clients experienced crises (Victor C, Wendy W and Peter N).
- A "behaviour change exercise", adapted from an instrument developed by Anthony Robbins (1991), was used to help clients change their behaviour (Gwen Y).
- The "value elicitation exercise", also developed by Anthony Robbins (1991), was used to help a specific client (Gwen Y) determine her own values.
- One client (Gemma C) was also helped to identify underlying issues which could be addressed during longer-term work.
- When needed, I referred clients to other appropriate agencies (Peter N).

In addition, I used the following methods which I developed or approaches that I felt would be beneficial to clients:

- The Gears of Life (Beukes, 2011) was used to help a certain client (Victor C) reflect on his own situation and set appropriate goals.
- A drinking graph was used to help one client (Victor C) gain perspective on his situation. This was spontaneously created on the whiteboard.
- A confidence graph (Victor C) was used to improve a client's insight into his own behaviour. This was also spontaneously created on the whiteboard.
- I used the whiteboard to discuss the financial implications of a client's behaviour (Victor C), in order to increase his motivation for change.

- The “responsibility circles” were used to give one client (Wendy W) perspective on her situation.
- I also checked the ecology of clients (Wendy W), by specifically asking how their decisions would impact the people around them.
- The “ideal self” exercise was used to give a client (Gemma C) perspective and improve her self-image.
- I sometimes told stories of people or situations I read about (George R), in order to stimulate thinking or convey information.
- I always encouraged and supported clients and often directly communicated to clients that I valued them.
- I usually used solution-focused methods, yet in one case (William F) when the client could not identify exceptions, I explored his current situation instead and then asked about his motives behind this behaviour. This was in contrast with my usual solution-focused approach, yet in this way I helped the client to gain insight into his own behaviour.

It could thus be concluded that although there are certain unique characteristics that are consistently displayed by *pastoral coaching*, this approach will make use of different existing therapies or techniques in order to help clients achieve their goals. In some cases, though, the techniques that were used depended on my own creativity. My aim, however, remained consistent, which was to help clients improve their wholeness. In order to achieve this aim, I used any means possible and appropriate to them. As a result I was innovative and spontaneous during the interventions process. This seems to indicate that the qualities I brought to the relationship played an important role in the *pastoral coaching* process.

### ***7.9. What characteristics did I, as the pastoral coach, display?***

In addition to being innovative and spontaneous in my approach towards clients, I displayed several distinct characteristics. According to Clinebell (1984, pp.416-419), there are six characteristics that should be displayed by the pastoral counsellor. Although it may be difficult to prove, it seems as though all six qualities – *congruence, non-possessive warmth, empathic understanding, an inner sense of identity, the therapeutic attitude of a wounded healer and personal aliveness* – were

displayed during the *pastoral coaching* process. These characteristics were displayed during the various sessions, but the main proof of these qualities could be found in the results of the interaction with clients. It could be argued that, without these qualities, I would not have been able to build such strong relationships with clients, as was clearly evident in the analysis of these seven cases. Furthermore, these relationships were created in a relatively short period of time, thereby confirming that clients recognised these characteristics and trusted me.

A similar logic could be followed in proving that I displayed Collins' (2001, pp.45-49) five characteristics of an effective life coach: *self-awareness, flexibility, people-sensitivity, synergy with the client* and *forthrightness*. An analysis of the cases shows that I displayed these qualities. Yet the best way to prove this is to state that I clearly used a life coaching method in my approach and was evidently very effective as far as the results were concerned. Therefore these characteristics were most probably present. This indeed seemed to be the case when the individual cases were investigated in more detail.

Although the combination of these eleven characteristics already distinguishes me as pastoral coach, from either a pastoral carer or a life coach, three other qualities, which I brought to the relationship, were identified during the analysis:

*i. I consistently offered perspective to clients.*

Although I supported the clients and acknowledged their experiences, I also ensured that they were made aware of alternative interpretations. Through this process, I helped them to develop their thinking and deal more constructively with their own circumstances. I often reframed (Capps, 1995b) their situation to help them see new possibilities. This approach created hope in them that their lives could change as a result.

*ii. I consistently encouraged clients in a positive manner.*

Although this was evident throughout the various sessions, it was especially clear at the end of each session when I encouraged clients by referring to their progress and action plans as well as some key learning outcomes.

*iii. I consistently empowered clients to take control of their situation.*

I achieved this through encouragement and the offering of perspective, but also through giving the clients an opportunity to design their own action plans and take action on what they deemed as important. By asking for their opinion at the end of each session and showing clients that I valued them, as well as their opinions, they were empowered to take responsibility for their lives and actions.

All these qualities were displayed as part of a relationship between the clients and myself. It should be noted too, how I utilised the time before each session in order to create a warm atmosphere and build trust with clients. Prior to each session, I managed to connect with clients by meeting them in the waiting room, being genuinely pleased to see them and showing a real interest in them as we went to the counselling room. In all the cases the warm, welcoming atmosphere I aimed to create seemed to build rapport and help the clients to relax. This atmosphere and the trusting relationship between us formed the context in which *pastoral coaching* was administered. As already discussed, *pastoral coaching* is a form of supportive pastoral care. This implies that the relationship in itself is the primary instrument of change (Clinebell, 1984, p.171). The relationship thus formed not only the context but also the central method of *pastoral coaching* and should therefore be discussed in more detail.

***7.10. Which distinctive characteristics of the pastoral coach/client relationship were displayed during the pastoral coaching sessions?***

In all seven cases it was evident that I developed strong, empathic relationships with clients and that they related trustfully to me. This played a significant role in the progress the clients made. These positive relationships occurred as a result of the qualities I displayed throughout the whole interventions process, as discussed under the previous heading. However, six further qualities could be identified in these relationships during the process of *pastoral coaching*:

*i. Willingness to walk the extra mile*

I often did more than what was expected as part of a normal intervention session. This included offering spiritual support, recommending books, organising longer-term counselling, phoning clients between sessions, finding sport clubs or other

support organisations for clients, printing information for them and writing letters of support on their behalf.

*ii. Acting as encourager and cheerleader for the client*

Through every session and especially at the end of sessions, I made sure that the clients were encouraged by referring to what they have already done as well as to the potential I saw in each client.

*iii. Valuing the client for who they are*

By consistently working with each client as someone whom I valued, they were helped to value themselves. This had a significant impact on their self-image and levels of confidence. Although this valuing of the clients was implied through the process of empowering them to take responsibility and asking for their comments and opinions, it was often communicated explicitly to them.

*iv. Focusing on wholeness and helping the client to live life to the full*

I focused on various aspects of clients' lives and helped them to address different parts of their lives, not only the problems they initially presented with. This helped them to become more fulfilled and move towards a greater degree of wholeness as a result of the *pastoral coaching*.

*v. Using various techniques/tools/methods to achieve this outcome*

I used recognised life coaching methods, traditional pastoral care methods, methods from other therapies as well as my own methods and techniques in order to assist, encourage and inspire clients and help them to achieve their desired outcomes.

*vi. Helping the client to take responsibility for their actions*

I continuously encouraged clients to write their own action plans that were appropriate for them and to take action on these plans. This assisted clients to take more responsibility for their lives and subsequently progress rapidly.

During this relationship I endeavoured to provide a safe environment in which the client could feel secure. I supported clients, but also guided them and gave them an opportunity to take responsibility early in the process. The extent to which clients

had a positive experience of the *pastoral coaching* process as well as a positive relationship with me could be seen in the list of quoted comments in Table 7.2.

1. "This is one of the best things that have ever happened to me. I trust you."
2. "This is unlike anything else I have experienced – you really listen to me and you are interested."
3. "This is very encouraging. You are inspiring! I felt a bit down when I came in and now I am feeling positive again."
4. "I had no faith in the system, until I met you... You've had such a different attitude than other places – you've kept on supporting me even when I was screwing up... Coming to see you has been the main thing that helped me get better."
5. "You have done in eight sessions what has previously taken me eight years. I feel so much better after coming here, I feel energised."
6. "This gives me a lot of perspective. I didn't know how I would get out of my situation, now it doesn't seem so big anymore."
7. "This is very inspiring. I am much more positive. If I didn't come here, I would still be stuck in thinking about what I want to do. Now I am already moving in the right direction."
8. "This was the best work I've done... ever!"
9. "I feel really positive after being here."
10. "You were so quick to identify what was going on and what would work for me."
11. "I can't see myself drinking again. I have a lot more confidence and I thank you for that."
12. "You're the first counsellor who listened to me – and actually gave me some feedback."
13. "I have done a lot of great things since I started working with you. I feel you are the only professional who has ever understood me."
14. "I love coming here. You bring spirit into people."
15. "This is the first place I smile before I see someone. I would go down if I didn't have you... I always feel happy and positive after I've seen you. You really care."
16. "You are such a lovely person, I love coming here. You are the first person who speak to me like that... [in a caring, encouraging and direct way]. I can see that you really care."
17. "You are the best [counsellor] I've come across – and I've worked with a few. You're the only person I know with such a warm heart. You really care for your clients."
18. "I have never met anyone so caring and kind as you. I feel a real warmth when I come in here."
19. "You have really helped me a lot, not of what you're doing, but because of who you are... You don't feel like just another professional. You are one of the very few people who calm me down."
20. "I would like you to know how much coming here means to me. You're the only people who care. A light has been turned on in me."
21. "I can't believe that I've done all the things that I said I wanted to in our first session! I'm feeling that I've got a future and a purpose in life. I am feeling valuable and happy and have the energy to help other people now."
22. "I've got more feedback off you than the last ten people I saw."
23. "I can't say enough about how much this has helped me..."
24. "This has been helping to move me forward quite quickly."
25. "I felt like I was drowning, but now I can see clearly..."
26. "This has really changed my whole outlook on life!"
27. "This has helped me to get my life back and improve all aspects of my life."
28. "The one thing I learnt was that I can take control."

29. "I can talk to you and you seem to understand..."
30. "I feel positive."
31. "I feel absolutely brilliant after our sessions."
32. "You are obviously very good at what you do."
33. "You haven't pushed me once. I've just come out with a lot of stuff... I am a good judge of character and I feel quite comfortable with you, even though you are a man."
34. "I am extremely pleased with how quick things have progressed."
35. "I know I can't change certain things and I have learnt to accept them."
36. "I have come to realise my own self-worth and this [pastoral coaching] has confirmed my validity and my goals and has helped to cheer me on. I believe in myself."
37. "Coming here has given me hope..."
38. "You seem to understand without condemning. You're the only one who seems to understand."
39. "I feel I've got my life back. There is more to life than I thought before. It is very motivating when people lift you up and don't put you down..."
40. "I feel good when I go out of here. My perspective has changed a lot. I get a lot out of the [pastoral] coaching."
41. "This is the only thing I currently get something out of."
42. "I wish I could see what you see in me... Last week when I came out of here, I was really buzzing. I can see that this is helping me..."
43. "The only reason I am still here, is because I know I will be coming to see you. I was at a zero when I came here this morning; I am now on a nine."
44. "If it wasn't for this (pastoral coaching), I would have been dead by now..."

*Table 7.2. Clients' comments with regards to their experience of the pastoral coaching process and relationship between July 2006 and February 2009*

These comments give a clear indication of how clients experienced the process of *pastoral coaching* and the important role my *being-functions* played in this process. It is clear that the relationship I had with clients had the dual effect of helping them feel accepted and valued, while also increasing their positivity and inspiring them to live life a little more fully. Although the different qualities, as discussed previously, combined to achieve this result, it does seem as though the *personal aliveness* characteristic was instrumental in this process. Several clients commented on the positivity they experienced and how I inspired them. Clinebell (1984, p.419) described this quality as an essential characteristic of pastoral carers. He further mentions that it can be a very difficult task for pastoral carers to stay fully alive. Yet, in order to enable clients to experience life in all its fullness, the pastoral carer has to display this quality, which will inspire clients to feel more alive and strive towards fulfilment. This characteristic seemed to have played a central role in *pastoral coaching* as well.



Although I developed and expanded my approach throughout the unit of analysis, I endeavoured to keep my character consistent. The above-mentioned comments were compiled from comments taken over the whole unit of analysis and confirm this. However, as the *pastoral coaching* continued, I reflected upon the various methods that I used and added more tools and techniques to my array of methods. As a result the biggest variation of different tools can be seen in the case of Victor C, who was chronologically the penultimate of the seven analysed cases. This case also had the most sessions and therefore allowed an opportunity to assist the client through many different situations. This does not imply, however, that the later a case was conducted chronologically, the more tools I used, only that it was possible to use more tools when appropriate, since I developed more tools as I dealt with new situations. This means that the list of tools, techniques and methods that can be identified is not exhaustive and that it could be expanded still further as I am confronted with new situations. However, it is important to determine under which circumstances *pastoral coaching* and its various techniques would be most appropriate and effective.

#### ***7.11. When would pastoral coaching be an appropriate type of intervention?***

The structure, process and nature of *pastoral coaching* as well as the qualities I displayed and the relationship I had with clients have been discussed and it seems as though *pastoral coaching* is a new approach to practise pastoral care. However, in order to utilise this type of intervention fully, it is important to establish when *pastoral coaching* would be an appropriate method to utilise.

In all seven cases the initial reason why clients opted for *pastoral coaching* was because it was branded as brief interventions work, in contrast with longer-term counselling. All seven clients wanted help almost immediately and due to the nature of this type of intervention, I was available to start working with them relatively quickly. A number of these clients (Victor C, Gemma C, George R and Gwen Y) were feeling very low and required some initial motivation and support. Some of these clients (George R and Gwen Y) reported that they have tried longer-term counselling before and either did not want it again or felt that they dealt sufficiently with the issues from their past. Whatever the case was, they all wanted help as soon as possible and did not want to address underlying issues.

Although these reasons indicate why clients initially chose the route of brief interventions instead of counselling, an analysis of their goals would give a clearer indication of when this method should be used in the future. Since this charity worked specifically with people struggling with drug and alcohol addictions, it was to be expected that clients would require help with stopping their addictions, cutting down problematic use or maintaining abstinence. In all seven cases this formed part of clients' initial goals. However, there were also additional goals that they wanted to pursue. These included having better self-esteem, more self-respect, more energy, finding direction and structure, stopping negative thoughts and stopping procrastination. In all cases clients thus seemed to want to enjoy a higher quality of life and feel better about themselves. They felt trapped in their current circumstances and wanted help to become unstuck and progress with their lives again.

*Pastoral coaching* helped them to achieve these goals, and also assisted them to progress in other areas of their lives and thus move towards a greater sense of wholeness. Although they did not initially set goals in these areas of their lives, in addition to achieving the above-mentioned goals, they also achieved the following:

In all cases clients reported feeling happier as a result of the *pastoral coaching*. Clients felt that the interventions process increased their sense of wholeness. In the majority of cases they felt better about themselves, had improved self-esteem and reported that their relationships with other people improved significantly. Some felt that they had a purpose and meaning in life and that they were valuable (Victor C, Wendy W, Gemma C and Gwen Y). In all cases clients experienced an improvement in their spirituality, as measured on the Wheel of Life, and a few reported that they had an increased sense of hope (Victor C, Wendy W and Gemma C). Some were healthier and reported better eating habits, better sleeping patterns, less usage of other substances, which were not part of the initial presenting problem, and exercising more (Gemma C, George R and William F). Some clients experienced an improvement in their finances as well as in their experience of fun and adventure (Victor C and Gemma C). In some cases clients' living conditions, as well as their experience of their careers, improved (Wendy W and Gwen Y). A number of clients were reaching out to others more (Wendy W and George R) and in all cases clients felt more positive about the future.

This discussion shows clearly that a wide range of issues were addressed during *pastoral coaching*. However, in order to get a more thorough idea of when *pastoral coaching* would be an appropriate intervention I also surveyed the outcomes of the other cases that were not selected for this research. In these cases, the same pattern continues. *Pastoral coaching* seemed to help clients achieve the goals they initially set out to achieve, especially with regards to their substance misuse. However, *pastoral coaching* also addressed other areas of clients' lives. In many cases, clients reported feeling better about themselves and having better relationships with other people. Many clients got their careers back on track or decided to continue their studies. The *pastoral coaching* seemed to help clients with any practical, immediate issues that were preventing them from living life to the full. In one of the unselected cases I even helped a client to get a new driving licence. She lost hers while under the influence of alcohol and every time she had to prove her identity, she was reminded of her past. By helping her to remove this physical obstacle, she was able to progress significantly on an emotional level. Other clients reported an improvement in their overall health or specific changes to their lifestyle, like taking part in leisure activities or having more energy. *Pastoral coaching* thus seems to be effective with a wide range of issues and dealt with almost anything that clients felt were preventing them from living the lives they wanted to live. By being focused on clients' overall goals and not only the initial problem, clients were assisted in addressing various issues in their lives. This approach helped them to feel more content with their lives and experience a greater sense of fulfilment and wholeness. Thus, it seems as though *pastoral coaching* would be effective with almost any presenting issues.

Another way of establishing when *pastoral coaching* would be most appropriate and effective would be to determine in which cases this type of intervention did not manage to help clients achieve their goals. A survey of all 164 cases, which were dealt with during the unit of analysis, indicates that there were no clients who did not achieve any of their stated goals (see Figure 1.1 in Chapter 1). However, in some of the 157 unselected cases, clients mentioned a number of goals and not all of those goals were achieved. The following list of goals, which were not achieved by the end of the *pastoral coaching* process with some clients, will thus give an indication of

when this method would not be appropriate. The various unachieved goals can be divided into six categories:

*i. Unrealistic expectations*

Some clients wanted to have their old lives back. In most cases the misuse of substances had unfortunately irrevocably changed their circumstances and relationships. Although most clients found that *pastoral coaching* helped them to constructively deal with their situations, some clients wanted to have their families back or achieve goals that were no longer a possibility due to the past decisions they had made. In cases where clients could not come to terms with their situation, *pastoral coaching* was not the most appropriate form of intervention, as its aim was not to address underlying issues, but rather assist clients in achieving their goals. Longer-term counselling thus seemed more appropriate in these instances.

*ii. Total abstinence*

Although *pastoral coaching* was successful in the majority of cases in helping clients address their addictions, there were some cases in which clients did only manage to cut down on their substance abuse and not stop totally. These clients' goals often changed as the *pastoral coaching* continued and they mostly decided that they wanted to cut down instead of being totally abstinent. This is not necessarily an indication that *pastoral coaching* would not be suitable, as their initial goals changed. Furthermore, it seems as though clients who specifically struggled with heroin addiction may be more suitable for longer-term counselling. Yet, clients who had heroin addictions in the past and were already clean when they started with the *pastoral coaching* found this approach very helpful.

*iii. Unaddressed past emotional issues*

In most cases the unachieved goals referred to emotional issues out of the past which had not been dealt with sufficiently and included deeply rooted negative beliefs about themselves, abuse, abortion, rejection and personality disorders. In these cases *pastoral coaching* was used to deal with immediate issues surrounding their current situation. However, once these issues had been uncovered and clients felt ready to address it, they were referred to longer-term counselling.

#### *iv. Psychological problems*

Although several clients who struggled with mental health issues benefitted significantly from *pastoral coaching*, some clients did not experience the full recovery they would have preferred. Most realised that they still needed medication or other interventions to address their mental health problems. However, the support they received through *pastoral coaching* helped them to deal constructively with the effects of their mental health. Psychological problems in themselves are thus not an indication that *pastoral coaching* is not appropriate, but this intervention should be used in conjunction with medical intervention. Longer-term counselling will also most probably be needed in the future.

#### *v. Unwillingness to take action*

*Pastoral coaching* requires clients to set action plans and address problems between sessions. Unless clients begin to take responsibility for their own lives and take subsequent action, *pastoral coaching* will not be the most appropriate intervention. Therefore, clients who were unwilling to participate and just expected the pastoral coach to “fix” them, without taking part in the process, did not benefit from this approach.

#### *vi. Early termination of the process*

In some cases clients did not achieve all their goals, as they did not finish the *pastoral coaching* process. Although they managed to achieve some of their goals during the intervention, they left before the final session. In many cases this happened due to clients feeling satisfied with their progress, while in some cases it happened as a result of unforeseen circumstances. Since it is difficult to predict whether someone would continue until the end with any intervention process, this cannot be used as an indication of the unsuitability of *pastoral coaching*.

It could thus be concluded that *pastoral coaching* is an effective method of intervention for most immediate presenting issues. However, in the case of underlying emotional issues from the past, like abuse, or mental health issues, longer-term counselling would be more suitable. The presence of emotional or psychological problems does not immediately disqualify the use of *pastoral coaching* and the clients who were surveyed for this study still benefitted from this

approach. *Pastoral coaching* should, however, not be used exclusively in these cases and referral to longer-term counselling would be more appropriate. *Pastoral coaching* thus seems at its most effective when clients want to address immediate, rather than underlying, problems.

#### **7.12. What is the nature and process of pastoral coaching? A definition.**

By answering all the initial research questions in this chapter on *pastoral coaching*, a more thorough understanding of what the nature and process of this intervention is has emerged. Out of this analysis it is clear that the aim of *pastoral coaching* is to foster wholeness in clients. *Pastoral coaching* achieves this aim through using a combination of pastoral care and life coaching techniques and methods. The following assumptions about *pastoral coaching* could be made as a result of this research:

In nature *pastoral coaching* is a form of pastoral care as it fits within my own parameters of pastoral care. Of this discipline *pastoral coaching* is closest to supportive pastoral care, although it may sometimes utilise educative or crisis pastoral care methods. It has been established that *pastoral coaching* is a specific method of growth counselling and that it employs four specific methods of supportive pastoral care: *gratifying dependency needs*, *objective review of the stress situation*, *changing the life situation* and *encouraging appropriate action*. It will use the other three supportive methods, *emotional catharsis*, *aiding the ego's defences* and *using religious resources*, only occasionally in order to enhance the process.

It has further been established that *pastoral coaching* mostly follows a solution-focused coaching structure. Although the sequence of subsequent sessions after the first session has been slightly altered, the structure of *pastoral coaching* still clearly qualifies this method as a form of life coaching. However, in addition to life coaching techniques and pastoral methods, *pastoral coaching* also employs methods from other secular therapies as well as unique and creative techniques which I have developed.

Pastoral care and life coaching were brought together mainly through the character I was attempting to display during the *pastoral coaching* process, the relationship I

had with clients as well as a clear purpose of helping clients to achieve wholeness. It has been established that I displayed all the characteristics of a pastoral counsellor as well as those of an effective life coach during the process of *pastoral coaching*. In addition, I also consistently *encouraged* and *empowered* clients and *offered them perspective* on their situations. All these qualities were displayed during my relationships with clients and were confirmed by their comments. The best way to describe this relationship is to compare it to that of an older sibling who guides younger siblings to take responsibility while supporting them. During the *pastoral coaching* relationship, I was *willing to walk the extra mile for clients, acted as their encourager and cheerleader, valued them for who they were, helped them to take responsibility for their own lives, focused on helping them to increase their experience of living life to the full and achieving wholeness* and *I used various techniques to achieve this outcome*.

Although *pastoral coaching* is unique in as much as it could be defined as a form of pastoral care, as well as a form of life coaching, its uniqueness is confirmed in the process it follows. *Pastoral coaching* displays all five traditional functions of pastoral care, which gives *pastoral coaching* a clearly pastoral identity. However, these functions have combined in this approach to form five phases that clients work through as they progress towards a greater sense of wholeness. The process starts with the *sustaining* function, which remains until the end of the process. This forms the foundation of *pastoral coaching*. During the second phase the *guiding* function could be distinguished. This usually takes place during the former part of the *pastoral coaching* process. When it is present at the end of the process it may indicate that a client is not yet ready to continue without support and the process should either continue for a longer period of time or a referral should be made. The third phase involves *healing* and takes place as the previous two phases are combined. Once this phase has been reached the last two phases would follow. However, these will probably not take place unless clients feel that they have reached a sufficient amount of *healing*. In the fourth phase the *reconciliation* function is displayed as clients begin to move beyond themselves and reach out to others. The final phase is where the *nurturing* function becomes more visible, as clients move towards fulfilling their potential and designing their future action plan. The five phases of *pastoral coaching* could thus be described as: *support, guidance,*

*healing, reconciliation and nurture*. These five phases are, however, not a set of steps to be followed exactly, but rather a pattern that emerged through the analysis of the seven cases in this research. The average length of the intervention process is less than six sessions. Therefore *pastoral coaching* could be described as a form of brief intervention.

Out of these results and assumptions, the following definition of *pastoral coaching* is suggested:

*Pastoral coaching is a type of growth-supportive pastoral care that aims to increase a sense of wholeness in people by following a solution-focused coaching structure and implementing the five traditional functions of pastoral care during this process.*

The theory of *pastoral coaching*, as was developed through my reflection upon the work I have done with clients in this specific charity, thus answers the main research question of how pastoral care and life coaching combined in the context of this charity to form *pastoral coaching*. Subsequently this theory could schematically be summarised as in Figure 7.3:





### **7.13. Conclusion**

In this chapter the results from the various case studies, as well as the propositions that were suggested, were discussed in detail. As a result the initial research questions were answered and a more comprehensive theory, definition and schema of *pastoral coaching* emerged. These suggestions explain how pastoral care and life coaching combined, in the context of this specific Christian charity, to form *pastoral coaching*.

## Chapter 8

### REFLECTION

The purpose of this chapter is to reflect on some of the issues that resulted from this research, but were not sufficiently addressed during the body of the research or the discussion. Four themes, which may require further debate with regards to the theory of *pastoral coaching*, are identified: *hopefulness*, *theological anthropology*, *eclecticism* and *spirituality*. These four themes will be discussed briefly and *pastoral coaching* will thereby be located in a wider theoretical debate.

#### *Hopefulness*

This research has had a big impact on my professional as well as my personal development. Not only did my research require me to think about theories and concepts which I have not encountered before, but it also challenged me to consider old ideas and well-known theories in new ways. Although this influenced my professional life significantly, it also impacted on my personal life in that I discovered that I am a pastor at heart.

This “discovery” was a direct result of my reflection upon a question that was asked during supervision, as well as the confirmation of candidature. My supervisors and examiners were interested to know what was the “Jaco-ness” in *pastoral coaching*. In other words, they wondered what it was that I brought to the process of *pastoral coaching* and whether this could be duplicated by someone else following the theory of *pastoral coaching*, as proposed in this thesis. Although I have already discussed the various qualities that I displayed during the *pastoral coaching* process, as well as the unique elements of *pastoral coaching*, which are all essential to this approach, there is one quality that I have not reflected upon. I believe that this quality is at the core of who I am, and that this was the essential element in the *pastoral coaching* process: I was a bringer of *hope*.

When I reflected upon the notion that hope may be the “Jaco-ness” that I brought to the process of *pastoral coaching*, I remembered my first encounter with Daniël Louw. As a fourth-year theology student, I had just started my first class in pastoral care and counselling and was really looking forward to this course. After Daniël Louw introduced himself, he asked each individual student a different question.

Some students were asked about their background, others were asked about their favourite activities and others about their families. When it came to me, Daniël Louw looked at me and asked something totally different: “What do you want out of this course?” Without any hesitation, I immediately replied: “I want to learn how to give people hope.” He replied: “Come tell me at the end [of your studies] if you achieved this.” What I did not know at that stage was that Professor Louw furthered his studies in Philosophy at the University of Tübingen, Germany, on *The Principle of Hope* (Bloch, 1986) and the *Theology of Hope* (Moltmann, 1967). As a result, “how to give people hope” was exactly what I learnt during the next few years with Daniël Louw. However, “giving hope” was not based on a set of principles or techniques that I followed, but rather on who I was for the people I encountered. Larney (2003, p.69) highlights this element of pastoral care when he suggests that the most important resource that pastors have is themselves. According to him (Larney, 2003, p.69), effective pastoral care training has to enable pastors to acquire “the attitudes and ways of being with others” which will benefit the people they encounter. Therefore pastoral formation could be seen as attitude formation, which includes the development of cognitive, affective and conative abilities. Thus, it is who the pastor is and who they are becoming, that is crucial in pastoral care, rather than what they do. I have already discussed the tension between *being* and *doing* and suggested that *pastoral coaching* fills the gap that I perceived in pastoral care, i.e., the lack of emphasis on *doing*-functions. However, as a result of my training that focused on *being*, I learnt to incorporate an attitude of hope, which I inadvertently brought into my encounters with clients and I would argue that this attitude of hope was the central, implicit theme in *pastoral coaching*. As a result, an increase in hope was one of the outcomes of the *pastoral coaching* process (see the cases of Victor C, Wendy W and Gemma C).

According to Capps (1995a, p.1), hope is what pastors have uniquely to give to others. In his book, *Agents of Hope*, Capps (1995a, pp.2-4) argues that by striving to gain acceptance among other helping professions, pastors have lost some of their distinctiveness. However, he sees eternal hopefulness as the underlying worldview to pastoral ministry and suggests that the most fundamental role of pastors is to be providers of hope. It is this quality, being a bringer of hope, which distinguishes pastors from other helping professionals. Capps (1995a, pp.98-136) suggests that

three attitudes may at times threaten hope: despair, apathy and shame. These are explained in more detail below.

According to Melges (1982, p.193), people who are in deep despair could be helped by assisting them to focus on goals that are achievable in the near, rather than the distant, future, encouraged to get involved in relationships with other people and to acquire a more whimsical attitude toward life. During the *pastoral coaching* process these suggestions were indeed followed. At the beginning of each session, I consistently asked clients what was better since the previous session and allowed them an opportunity to reflect on what they achieved. The combination of setting small goals at the end of each session and reflecting on their own progress at the beginning of the next session helped to generate hope in clients. In addition, clients were continuously encouraged and helped to reach out beyond themselves and develop other support structures. The last suggestion of Melges, to develop a more whimsical attitude towards life, is reflected in the solution-focused approach that I followed. Instead of just focusing on the problem, I helped clients to look for solutions and exceptions in their lives and to ask themselves what they could learn from their mistakes, instead of punishing themselves for it.

Another threat to hope that Capps discusses is apathy and the loss of desire. Chaucer (1985, pp.564-565) sees the cultivation of certain virtues, like courage, diligence and constancy, as vital if apathy is to be addressed. These virtues have in common that they focus on the immediate future. According to Capps (1995a, p.116), one of the main reasons for apathy is because the hoped-for event is so far removed from one's daily activities. *Pastoral coaching* addressed this issue by asking clients to break their goals into smaller, achievable steps. In this way, they could see how they progressed towards their goals, little by little, and this encouraged hope in them.

The third threat that Capps considers is shame. This attitude is closely associated with failure (Piers and Singer, 1953 cited in Capps, 1995a, p.124). One of the core principles of neuro-linguistic programming that is prevalent in life coaching is that there is "no such thing as failure, only feedback" (O'Connor and Lages, 2004, p.97). During the *pastoral coaching* process I continuously helped clients to learn from their so-called failures and set new goals. This contributed to their sense of hope.

Another way that shame was addressed, and hope instilled, was by helping clients to value themselves (Kaufman, 1989, p.225). I continuously communicated to clients that I valued them. As a result this was one of the six characteristics of the coach/client relationship as discussed in Chapter 7.

It appears that all three threats to hope, as defined by Capps (1995a), were successfully addressed through the process of *pastoral coaching*. However, Capps (1995a, pp.137-162) continues his argument by also suggesting three allies of hope: trust, patience and modesty. Although all three are important, he regards trust as the most significant element to foster hope in people (Capps, 1995a, p.161). This characteristic was also evident during the *pastoral coaching* process and was crucial in building rapport with clients. In addition, I believe, trust also contributed to a sense of hope in clients, as I was perceived as a reliable figure whom they could trust during a difficult period in their lives. This was not so much a result of what I did, but rather who I was for clients (Capps, 1995a, p.141). Furthermore, I endeavoured to create an atmosphere of possibility by helping clients to see the progress they had made, the resources and strengths they possessed as well as the options available to them. In such circumstances of possibility, hope flourishes (Capps, 1995a, p.129).

One of the biggest reasons why many people find it difficult to maintain an attitude of hopefulness is because they have little control over the future. By helping people to give the future a recognisable structure in terms of days, weeks or months, it becomes less overwhelming to them (Capps, 1995a, p.169). The *pastoral coaching* helped them to think systematically about their lives and break goals into smaller, achievable steps. I have developed this theme of thinking systematically and dividing goals into smaller parts further in the self-help book, *Taking Control* (Beukes, 2011).

This discussion on hope makes it clear that hopefulness was an attitude that was conveyed through my *being* with clients, thereby confirming my pastoral identity. However, it was also clear that certain techniques were used during the *pastoral coaching* process in order to instil hope in clients. It could thus be concluded that my identity as a bringer of hope was central to the *pastoral coaching* process and that both my *being* and *doing* functions were significant during this process.

Furthermore, this discussion also answers the question whether *pastoral coaching* could be duplicated by someone else. It was argued that in addition to the qualities of an effective life coach and a pastoral carer, hopefulness is the central element to the process of *pastoral coaching*. It was also established that this characteristic is what distinguishes pastors from other helping professions and that developing this attitude of *being* is an essential part of pastoral training. I therefore suggest that *pastoral coaching* could indeed be duplicated by pastors who have already developed their *being*-functions and see their role as being bringers of hope. In these cases, *pastoral coaching* and the structure and techniques highlighted in this thesis could be used to enhance their *doing*-functions and thus contribute to their ministry. It could therefore be deduced that *pastoral coaching* is a form of pastoral care in which life coaching techniques were used to develop a new theory, and not a form of life coaching in which pastoral techniques were used.

In life coaching the obtaining of results plays a central role. However, this was not the aim of *pastoral coaching*. Initially the good results I achieved with clients inspired me to conduct this research and establish why these results occurred. However, the successful outcomes were incidental to the *pastoral coaching* process. My aim was to foster a sense of wholeness in clients, as was discussed in Section 7.4, and part of this process was to help them set achievable goals for themselves. By achieving these goals, not only was hope instilled in them, but they also felt that the intervention was successful.

### *Theological Anthropology*

In Chapter 2 I discussed how my theology, that God is with us, and that I represent Him, was formed. This theology has subsequently played an important role in my life. In Protestant practical theology, this point of view is known as incarnational theology (O'Connor, 1998, p.42). According to this perspective, the pastoral relationship becomes the place where Christ is incarnated. Although Gerkin agrees with this, he argues that God is not just limited to the pastoral relationship. Therefore, God can break into various events and crises, thereby widening the practices of ministry (O'Connor, 1998, p.53). Gerkin understands the Incarnation as God's horizon that connects with human horizons (O'Connor, 1998, p.54). Therefore he places emphasis on God's grace and redemption in all created reality and events

(O'Connor, 1998, p.74) and believes that God continues to intervene, sustain, guide and heal (O'Connor, 1998, p.73). My theology is similar to Gerkin's, as I also believe that God is involved in our daily lives and events. Although the pastoral relationship is an ideal place for God to meet with people in their circumstances, it is not exclusive and I believe that He wants to be involved in people's daily lives. This theology implies an anthropology in which people are valuable, since they have been created in God's image. Consequently my theological anthropology also contributed to the *pastoral coaching* process. No matter who someone was or what their background was, I treated them as people of great value and continually communicated this to them. This meant that whether someone was homeless or an executive of a big firm, I endeavoured to treat them with the same respect and warmth.

Although there seems to be great similarities between our theological and anthropological views, Gerkin (1998, p.79) places more emphasis on interpretation and subsequently argues against a behavioural approach to pastoral care, since this will not get to the root problem of the client. Gerkin is of the opinion that if clients developed a new understanding through the process of pastoral care, then behavioural change would also take place. Although I agree with this view that insight is vital for change in the long term, I do not believe that this understanding necessarily has to occur first. In fact, waiting for clients to achieve a measure of insight first, before changes are made, may prolong the process which in turn may have an adverse effect on instilling hope in them. Therefore, it is my opinion that in some cases, especially if you want to help people make changes rapidly, they should be helped to set goals and start to behave differently first. Often their understanding and insight will also change as a result of their new behaviour. In *pastoral coaching* I therefore did not aim to change clients' understanding, although I continually reframed (Capps, 1995b) their situation and gave them new perspective. The aim was to help them move towards a greater sense of wholeness by setting and achieving small goals in various areas of their lives. This approach needs to be distinguished from a *behaviourist* approach, as I do not agree with the underlying anthropology of this psychological approach. The *behavioural* approach which I followed in the *pastoral coaching* process highly values people and their autonomy in making decisions. They are subsequently helped to make their own choices and



change their behaviour accordingly. This may lead to new and deeper insight that may sustain their change in the long term.

### *Eclecticism*

A possible criticism of the proposed theory of *pastoral coaching* is that it makes use of “haphazard eclecticism” (Dryden, 1984, p.351). According to this “method”, theories, models and techniques are chosen because of their subjective appeal to the individual therapist. This could lead to an approach where various models are brought together without meaningful connections between them. The eclectic approach is one that is often followed in pastoral care, as insights, methods and skills are drawn from different disciplines (Pattison, 2007, p.256). According to Van Katwyk (2003, p.66), the ideal is for pastoral carers to develop their own integrative model and style of caring. However, while it is probably impossible to abandon an eclectic approach entirely in pastoral care, as the nature of this discipline requires practitioners to learn from other disciplines, it must be considered thoroughly. One of the ways to counter the possibility of “haphazard eclecticism” is to explore at least one discipline in depth (Pattison, 2007, p.259). Although *pastoral coaching* could be regarded as eclectic, as it uses various techniques from different disciplines, it is not “haphazard” in nature. Both disciplines of pastoral care and life coaching were explored in detail and I have professional qualifications in both disciplines. Furthermore, this approach has a clear pastoral aim and identity and only uses techniques that will fit the purpose of increasing a sense of wholeness and hope in clients and thus help them to feel valued, instead of using techniques that are personally appealing.

### *Spirituality*

The results on the Wheel of Life show that clients experienced an overall improvement in various areas of their lives. One of the interesting findings was the improvement in satisfaction with spirituality that clients experienced. Although this was discussed during Chapter 7, it is important to note that this subject touches on a much bigger and current debate on spirituality.

Spirituality has mostly been associated with religion, but during the last two decades of the previous century emphasis was placed on spirituality in the context of health

and education (Robinson, 2008, p.50). It seems to be a popular notion that although there is a spiritual aspect to life and everyone has spiritual needs, only some people will express these spiritual needs in terms of religion (Speck, 1988). Currently it seems as though spirituality, which is understood in terms of traditional institutional religion, is seriously declining, with a growing number of younger adults identifying themselves as having no religion (Lynch, 2007, p.8). Consequently the question is not only what spirituality is, but whether Christian chaplains or pastoral carers should adapt to a more “modern” view of spirituality in order to assist people with this view. In an insightful article on this subject Pattison (2007, pp.132-142) contrasts Christian spirituality with a more contemporary understanding of this subject. He comes to the conclusion that the contemporary view of spirituality is much closer to certain atheistic therapeutic philosophies than it is to the way the Christian religion has been understood. He therefore argues that these two perspectives on spirituality are inherently different. Subsequently he suggests that chaplains and pastors should not aim to become everything for all people, but should rather acknowledge that they have a distinctive view of spirituality and should contribute, from this valuable tradition, to the “fragmented world of generic spirituality” (Pattison, 2007, p.142).

I agree with Pattison’s argument that Christian spirituality is different from a contemporary understanding of this subject. I also agree that pastors or chaplains should not shy away from their beliefs or traditions in order to accommodate or amalgamate with the “modern” view of spirituality. However, I do believe that we should engage with contemporary society and help it to move towards a greater sense of wholeness. In this process, it is important that people first realise that there is a spiritual element to life and engage in this conversation, before the differences are discussed in more detail. It could therefore be argued that *pastoral coaching* does not aim to become all things for all people (Pattison, 2007, p.137), but rather to engage with people from various spiritual understandings and help them to consider the meaning and purpose of their own lives. Through this encounter, I believe that the clients of *pastoral coaching* experienced something of God’s care and compassion for them personally. In some cases clients took a further step and asked about my view of spirituality and my motivation for helping them. In other cases they wanted to talk about their faith and explore spirituality further, as can be seen in

the case of Gemma C. In these cases Christian spirituality was discussed in more detail.

Thus, although I agree with Pattison (2007, p.141) that the Christian understanding of spirituality entails much more than merely finding personal meaning for one's life, I believe that helping people to think about the meaning and purpose of their lives is a good starting point to engage them in a spiritual conversation and help them towards a greater sense of wholeness. This is, after all, the aim of *pastoral coaching*. Therefore spirituality, in the context of this study, is understood as someone's personal search for meaning and purpose in life, which may or may not be related to religion (Reed, 1998; Tanyi, 2002).

#### *In conclusion*

Although *pastoral coaching* uses a contemporary discipline to contribute to the ministry of pastoral care, this intervention still has a clear pastoral identity. This identity was evident in Chapter 7 when the various phases of *pastoral coaching* were discussed, but was further shown in this chapter's discussion on various topics. I consistently endeavoured to operate from a pastoral perspective and aimed to remain true to my belief that God is with us and that I should represent Him during my encounters with others. I would therefore conclude that although I used life coaching techniques during *pastoral coaching*, I remained a pastor at heart and that I continually strive to be, also through the process of *pastoral coaching*, a *bringer of hope*.

## Chapter 9

### CONCLUSION

The aim of this research was to develop a theory of *pastoral coaching*. This theory was developed as a result of using life coaching techniques to enhance the ministry of pastoral care in a specific Christian charity. After discovering that the approach I used with clients was extremely effective, I reflected upon their case notes in the light of the two disciplines of life coaching and pastoral care, in order to determine the nature and process of *pastoral coaching*.

Seven cases were selected and analysed retrospectively according to the original research questions. From the first case an initial set of propositions was suggested as a preliminary theory of *pastoral coaching*. These propositions were then tested and refined through the analysis of six further cases. As a result, it was established that *pastoral coaching* has the following seven characteristics:

- i. *Pastoral coaching* follows a *solution-focused coaching* structure.
- ii. *Pastoral coaching* is a form of *supportive pastoral care*, although it occasionally also makes use of *crisis* or *educative pastoral care*.
- iii. *Pastoral coaching* mostly utilises four supportive pastoral care methods: *gratifying dependency needs*, *objective review of the stress situation*, *changing the life situation* and *encouraging appropriate action*.
- iv. *Pastoral coaching* has a unique pastoral identity in which the five traditional functions of pastoral care form five phases during the intervention process: *sustaining*, *guiding*, *healing*, *reconciling* and *nurturing*.
- v. The pastoral coach displays all six qualities of pastoral counsellors (Clinebell, 1984) as well as all five qualities of effective life coaches (Collins, 2001). In addition, three further characteristics are also present during the *pastoral coaching* process: *consistent offering of perspective*, *consistent encouragement* and *consistent empowerment*.
- vi. A *pastoral coaching* relationship of trust is established in a short period of time and good rapport is maintained throughout the whole process. This relationship is characterised by six qualities: *a willingness to walk the extra mile for the client*, *acting as encourager and cheerleader for the client*, *valuing the client for who they*

*are, focusing on wholeness and helping the client to live life to the full, using various techniques/tools/methods to achieve this outcome and helping clients to take responsibility for their actions.*

vii. *Pastoral coaching's* uniqueness lies in the fact that it uses a combination of various techniques and creativity in a specific structure, while having a clear pastoral identity, in order to support and encourage clients towards a greater sense of wholeness.

Based on these propositions and the subsequent discussion, *pastoral coaching* was defined as follows:

*Pastoral coaching is a type of growth-supportive pastoral care that aims to increase a sense of wholeness in people by following a solution-focused coaching structure and implementing the five traditional functions of pastoral care during this process.*

Although *pastoral coaching* is built on a Christian anthropology, this intervention was successfully used with Christians as well as non-Christians. The majority of clients who underwent *pastoral coaching* reported significant improvements in most areas of their lives, including a sense of meaning and purpose to their lives. It was furthermore determined that this method could be used with a range of immediate issues, but should not be used as the method of choice with underlying or unresolved issues from the past. *Pastoral coaching* could thus be regarded as a type of brief intervention.

Although this type of intervention seemed to be very effective in achieving positive outcomes over a short period of time, the long-term effects of *pastoral coaching* were not determined. Subsequently it could not be established whether the changes that were achieved through this process could be sustained in the long term. This could be regarded as a weakness in the research. Therefore, the sustainability of the results and effectiveness of *pastoral coaching* in the long-term may be considered as a topic for further research.

The gap that was initially perceived in pastoral care was that there is not sufficient emphasis on techniques and methods in pastoral care. Although this research

acknowledges the importance of the *being*-functions of pastors, it is suggested that more emphasis should be placed on their *doing*-functions. Life coaching can be distinguished from other approaches by its focus on the achievement of goals. I believe that it is this distinctiveness of life coaching that could add another dimension to pastoral care, by providing a specific method and techniques. Furthermore, a process that has a clear *pastoral* identity, which has proven to be effective, may enhance the practice of pastoral care. This research argued that *pastoral coaching* successfully fills this gap by providing a specific structure and process that has a clear *pastoral* identity. Although I acknowledge that not all situations are the same and that this research was not designed to generalise (Trafford and Leshem, 2008, p.96), it is clear that *pastoral coaching* does offer another approach to the practice of pastoral care. This approach subsequently gives another option to pastors who are looking for a method with a distinctively pastoral character, yet is innovative, uses insights from other therapies and has proven to be an effective intervention. This approach could also be used by pastors who are working with non-Christians or who would prefer to be more pro-active in their approach.

Therefore, it could be concluded that *pastoral coaching* offers another, unique approach to pastoral care and that it is an appropriate way to enhance the brief interventions work of the specific Christian charity in which this research was conducted.

## REFERENCES

Alexander, G and Renshaw, B., 2005. *Supercoaching*. London: Random House Business Books.

Alexander, G., 2006. Behavioural Coaching – the GROW Model. In: Passmore, J. ed., 2006. *Excellence in Coaching: The Industry Guide*. London: Kogan Page Ltd. Ch.4.

Augsburger, D.W., 1986. *Pastoral Counseling across Cultures*. Philadelphia: Westminster.

Benner, D.G. 2003. *Strategic Pastoral counselling*. Grand Rapids: Baker Academic.

Beukes, B.J. 2000. *Die Bediening van Moed aan die Moedelse*. B.D. University of Stellenbosch.

Beukes, B.J. and Louw, D.J., 2001. *Korttermyn terapie: Krisisberaad of Kompakte Beraad?* Stellenbosch: Unpublished.

Beukes, B.J., 2007. *Practical Theology and Life Coaching: Developing Pastoral Coaching withing a Christian Value-driven Organisation*. PrD (Stage 1A). Anglia Ruskin University.

Beukes, B.J., 2008. *Improving Life Balance in Substance Misusers*. PrD (Stage 1B). Anglia Ruskin University.

Beukes, B.J., 2011. *Taking Control: How to Regain Control when Life gets out of Hand*. Milton Keynes: Authorhouse.

Berg, I.K. and Szabó, P., 2005. *Brief Coaching for Lasting Solutions*. New York: W.W. Norton.

Bloch, E., 1986. *The Principle of Hope*. Cambridge, Massachusetts: The MIT Press

Bloom, G. Castagna, C. and Warren, B., 2003. More than Mentors: Principal Coaching. *Leadership*, 32 (5), pp.20-23.

Bowsher, A. P., 2005. *Spiritual Direction, Life Coaching and Culture*. MA. Anglia Polytechnic University.

Bresser, F. and Wilson, C., 2006. What is Coaching? In: Passmore, J. ed., 2006. *Excellence in Coaching: The Industry Guide*. London: Kogan Page Ltd. Ch.1.

Campbell, A.V., 1981. *Rediscovering Pastoral Care*. Philadelphia: Westminster.

Campbell, A.V., 1985. *Paid to Care*. London: SPCK.

Campbell, A.V., 1986. *Rediscovering Pastoral Care*. London: Darton, Longman and Todd Ltd.

Capps, D., 1995a. *Agents of Hope: A Pastoral Psychology*. Minneapolis: Fortress Press.

Capps, D., 1995b. *Reframing: A New Method in Pastoral Care*. Minneapolis: Fortress.

Capps, D., 1997. *Living Stories: Pastoral Counseling in the Congregational Context*. Minneapolis: Fortress.

Cavanagh, M. 2006. Coaching from a Systemic Perspective: A Complex Adaptive Conversation. In: Stober, D. and Grant A.M. eds., 2006. *Evidence-Based Coaching Handbook*, New York: Wiley. Ch.11.

Chaucer, G., 1985. *Canterbury Tales*. New York: Avenel Books.



Cherniss, C., 2000. *Emotional Intelligence: What it is and Why it Matters*. Paper presented at the Annual Meeting of the Society for Industrial and Organizational Psychology. 15 April 2000, New Orleans, LA.

Clebsch, W.A. and Jaekle, C.R., 1964. *Pastoral Care in Historical Perspective*. New York: Harper.

Clinebell, H., 1966. *Basic Types of Pastoral Counseling: New Resources for the Troubled*. Nashville: Abingdon Press.

Clinebell, H., 1979. *Growth Counselling*. Nashville: Abingdon Press.

Clinebell, H., 1984. *Basic Types of Pastoral Care and Counseling: Resources for the Ministry of Healing and Growth*. Nashville: Abingdon Press.

Clinebell, H., 1992. *Well Being*. San Francisco: Harper Collins Publishers.

Clinebell, H., 1998. *Understanding and Counseling Persons with Alcohol, Drug and Behavioral Addictions*. Nashville: Abingdon Press.

Collins, G. R., 2001. *Christian Coaching*. Colorado Springs: NavPress.

Connor, M. and Pokora, J., 2007. *Coaching and Mentoring at Work: Developing Effective Practice*. Buckingham: Open University Press.

Creswell, J., 2006. *Christ-centered Coaching*. St Louis: Lake Hickory Resources.

Culbertson, P.L. and Shippee, A.B. eds., 1990. *The Pastor: Readings from the Patristic Period*. Minneapolis: Fortress Press.

de Shazer, S., 1985. *Keys to Solution in Brief Therapy*. New York: W.W.Norton.

de Shazer, S., 1988. *Clues: Investigating Solutions in Brief Therapy*. New York: W.W. Norton.

Denscombe, M., 2007. *Good Research Guide*. Buckingham: Open University Press.

Dictionary.com, 2011. Pathology. [online] Available at: <http://dictionary.reference.com/browse/pathology> [Accessed 15 August 2011].

Dryden, W. ed., 1984. *Individual Therapy in Britain*. London: Harper and Row.

Foster-Turner, J.H., 2006. *Coaching and Mentoring in Health and Social Care*, Oxford: Radcliffe.

Gerkin, C., 1989. *The Living Human Document: Revisioning Pastoral Counseling in a Hermeneutical Mode*. Nashville: Abingdon.

Gerkin, C., 1991. *Prophetic Pastoral Practice: A Christian Vision of Life Together*. Nashville: Abingdon.

Grant, A.M., 1999. *Enhancing Performance through Coaching: The Promise of CBT*. Paper presented at the First State Conference of the Australian Association of Cognitive Behaviour Therapy (NSW), Sydney.

Grant, A.M., 2006. Solution-focused Coaching. In: Passmore, J. ed., 2006. *Excellence in Coaching: The Industry Guide*. London: Kogan Page Ltd. Ch.5.

Greene, J. and Grant, A.M. 2003. *Solution-focused Coaching: Managing People in a Complex World*. Great Britain: Chartered Institute of Personnel and Development.

Hamel, J., 1993. *Case Study Methods*. London: Sage.

Harrold, F., 2001. *Be Your Own Life Coach: How to take Control of Your Life and Achieve Your Wildest Dreams*. London: Mobius.

- Hurding, R., 1998. *Pathways to Wholeness*. London: Hodder and Stoughton.
- Ives, Y., 2008. What is 'Coaching'? An Exploration of Conflicting Paradigms. *International Journal of Evidence Based Coaching and Mentoring*. Volume 6, No.2, August 2008, pp.100-113.
- Kaufman, G., 1989. *The Psychology of Shame: Theory and Treatment of Shame-based Syndromes*. New York: Springer Publishing Company.
- Kauffman, C., 2006. Positive Psychology: The Science at the Heart of Coaching. In: Stober, D. and Grant A.M. eds., 2006. *Evidence-Based Coaching Handbook*. New York: Wiley. Ch.8.
- Khan, S. and Van Wynsberghe, R., 2008. Cultivating the Under-Mined: Cross-Case Analysis as Knowledge Mobilization. *Forum: Qualitative Social Research*. Volume 9, No.1, Article 34.
- Kinlaw, D.C. Coe, C. and Zehnder, A., 2008. *Coaching for Commitment: Achieving Superior Performance from Individuals and Teams*. 3<sup>rd</sup> ed. Hoboken: Pfeiffer.
- Kollar, C.A., 1997. *Solution-focused Pastoral Counseling: An Effective Short-term Approach for Getting People Back on Track*. Grand Rapids: Zondervan.
- Kornfeld, M., 1998. *Cultivating Wholeness: A Guide to Care and Counselling in Faith Communities*. New York: Continuum.
- Lake, F. 1980. The Theology of Pastoral Counselling. *Contact: The Interdisciplinary Journal of Pastoral Studies*, 35, pp.1-48.
- Lartey, E., 2003. *In Living Color: An Intercultural Approach to Pastoral Care and Counseling*. Philadelphia: Jessica Kingsley Publishers.
- Ledesma, R., 2001. *Coaching by the Book*. USA: Ledesma Associates.

Leech, K., 1998. *Drugs and Pastoral Care*. London: Darton, Longman and Todd Ltd.

Louw, D. J., 1999. *Pastoraat as Vertolking en Ontmoeting*. Cape Town: Lux Verbi.BM.

Lyall, D., 2000. Pastoral Care as Performance. In: Woodward, J. and Pattison, S. eds., 2000. *The Blackwell reader in pastoral and practical theology*. Oxford: Blackwell publishers Ltd. Ch.23.

Lyall, D., 2001. *The Integrity of Pastoral Care*. London: SPCK.

Lynch, G., 2000. The Relationship between Pastoral Counseling and Pastoral Theology. In: Woodward, J. and Pattison, S. eds., 2000. *The Blackwell reader in pastoral and practical theology*. Oxford: Blackwell publishers Ltd. Ch.16.

Lynch, G., 2007. *New Spirituality: An Introduction to Belief Beyond Religion*. London: I.B. Tauris.

Martin, C., 2001. *The Life Coaching Handbook*. Carmarthen: Crown House Publishing Ltd.

McCluskey, C., 2000. Caring From a Distance: Technology, Coaching and Life Management. *Christian Counseling Today*. Volume 8, No. 1, pp.20-22.

McDermott, I., 2006. NLP Coaching. In: Passmore, J. ed., 2006. *Excellence in Coaching: The Industry Guide*. London: Kogan Page Ltd. Ch.7.

McLeod, A. and Thomas, W., 2010. *Performance Coaching Toolkit*. Berkshire: Open University Press.

McNamara, H., 2007. *Niche Marketing for Coaches*. London: Thorogood Publishing.

Melges, F.T., 1982. *Time and the Inner Future*. New York: John Wiley and Sons.

Miller, W.R. and Rollnick, S., 2002. *Motivational Interviewing: Preparing People for Change*. 2<sup>nd</sup> ed. New York: The Guildford Press.

Moltmann, J., 1967. *Theology of Hope on the Ground and the Implications of a Christian Eschatology*. London: SCM Press.

Mumford, J., 2007. *Life Coaching for Dummies*. Chichester: John Wiley and Sons, Ltd.

Myers-Shirk, S.E., 2009. *Helping the Good Shepherd: Pastoral Counselors in a Psychotherapeutic Culture, 1925-1975*. Baltimore: Johns Hopkins University Press.

Neenan, M., 2006. Cognitive Behavioural Coaching. In: Passmore, J. ed., 2006. *Excellence in Coaching: The Industry Guide*. London: Kogan Page Ltd. Ch.6.

Nelson-Jones, R., 2007. *Life Coaching Skills*. London: SAGE Publications Ltd.

O'Connor, J. and Lages, A., 2004. *Coaching with NLP*. London: Element.

O'Connor, T., 1998. *Clinical Pastoral Supervision and the Theology of Charles Gerkin*. Waterloo: Wilfrid Laurier University Press.

Oden, T., 1984. *The Care of Souls in the Classic Tradition*. Philadelphia: Fortress Press.

O'Riordan, S., 2009. CPI Talks to Dr Suzy Green. *Coaching Psychology International*. Volume 2, Issue 2, p.6.

Palmer, S. 2008. The PRACTICE Model of Coaching: towards a solution-focused approach. *Coaching Psychology International*. Volume 1, Issue 1, p.4.

Parsloe, E and Parsloe, L., 2009. *Coaching and Mentoring: Practical Methods to Improve Learning*. 2<sup>nd</sup> ed. London: Kogan Page Ltd.

Passmore, J. ed., 2006. *Excellence in Coaching: The Industry Guide*. London: Kogan Page Ltd.

Pattison, S., 2000. *A Critique of Pastoral Care*. London: SCM Press.

Pattison, S., 2007. *Challenge of Practical Theology: Selected Essays*. London: Jessica Kingsley Publishers.

Perrine, M., 2007. *What's Your God Language? Connecting with God through Your Unique Spiritual Temperament*. USA: Saltriver

Peterson, D.B., 2006. People are Complex and the World is Messy: A behavior-based approach to executive coaching. In: Stober, D. and Grant A.M. eds., 2006. *Evidence-Based Coaching Handbook*. New York: Wiley. Ch.2.

Reed, P., 1998. The Re-enchantment of Health Care: a Paradigm of Spirituality. In: Reid, H., 2006. Olympic Sport and its Lessons for Peace. *Journal of the Philosophy of Sport*. 33, pp. 205-214.

Reiss, K., 2006. *Leadership Coaching for Educators: Bringing out the Best in School Administrators*. Thousand Oaks: Corwin Press.

Research Student Handbook, 2010. Chelmsford: Anglia Ruskin University.

Robbins, A., 1991. *Awaken the Giant within*. Glasgow: Omnia Books Limited.

Robinson, S., 2008. *Spirituality, Ethics, and Care*. London: Jessica Kingsley Publishers.

Rogers, J., 2008. *Coaching Skills: A Handbook*. 2<sup>nd</sup> ed. Buckingham: Open University Press.

Speck, P., 1988. *Being There: Pastoral Care in Time of Illness*. London: SPCK.

Stake, R.E., 1994. Case studies. In: N.K. Denzin and Y.S. Lincoln, eds., 1994. *Handbook of Qualitative Research*. London: Sage. Ch.16.

Stake, R.E., 1995. *The Art of Case Study Research*. London: SAGE Publications.

Starr, J., 2003. *The Coaching Manual*. London: Pearson Education Limited.

Stober, D. and Grant A. M., 2006. Toward a Contextual Approach to Coaching Models. In: Stober, D. and Grant A.M. eds., 2006. *Evidence-Based Coaching Handbook*. New York: Wiley. Ch.12.

Stone, H., 1994. *Brief Pastoral Counseling*. Minneapolis: Fortress.

Stone, H. ed., 1999. A Symposium on Brief Pastoral Counseling. *The journal of Pastoral Care*, 53 (1), pp.31-99.

Stone, H., 2001. Theory Out of Context: The Congregational Setting of Pastoral Counseling. In: Stone, H. ed., 2001. *Strategies for Brief Pastoral Counseling*. Minneapolis: Fortress. Ch.13.

Tanyi, R.A., 2002. Towards Clarification of the Meaning of Spirituality. *Journal of Advanced Nursing*, 39 (5), pp.500–509.

Thomas, G., 2000. *Sacred Pathways: Discover Your Soul's Path to God*. Grand Rapids: Zondervan.

Trafford, V. and Lesham, S., 2008. *Stepping Stones to Achieving your Doctorate: Focusing on Your Viva from the Start*. Maidenhead: Open University Press.

Truax, C.B. and Carkhuff, R.R., 1976. *Toward Effective Counselling and Psychotherapy: Training and Practice*. Chicago: Aldine Publishing.

Van Katwyk, P.L., 2003. *Spiritual Care and Therapy: Integrative Perspectives*. Waterloo: Wilfrid Laurier University Press.

Vaughan Smith, J., 2006. *Therapist into Coach*. Buckingham: Open University Press.

Whitmore, J., 2002. *Coaching For Performance: Growing People, Performance and Purpose*. London: Nicholas Brealey Publishing Ltd.

Whitmore, J., 2006. Foreword. In: Passmore, J. ed., 2006. *Excellence in Coaching: The Industry Guide*. London: Kogan Page Ltd, pp.xiv-xv.

Whitmore, J. and Einzig, H., 2006. Transpersonal Coaching. In: Passmore, J. ed., 2006. *Excellence in Coaching: The Industry Guide*. London: Kogan Page Ltd. Ch.8.

Whitworth, L. et al., 2007. *Co-active Coaching: New Skills for Coaching People Toward Success in Work and Life*. 2<sup>nd</sup> ed. California: Davies-Black Publishing.

Williams, P., 2004. Coaching vs. Psychotherapy: The Great Debate. *Choice Magazine*, 2(1) pp.38-39.

Williams, P. and Thomas, L.J., 2005. *Total Life Coaching: 50 Life Lessons, Skills, and Techniques to Enhance Your Practice and Your Life*. New York: W. W. Norton.

Willig, C., 2008. *Introducing Qualitative Research in Psychology*. Berkshire: McGraw-Hill Education.



Wilson, M. 1985. Personal Care and Political Action. In: Willows, D. and Swinton, J. eds., 2000. *Spiritual Dimensions of Pastoral Care: Practical Theology in a Multi-Disciplinary Context*. London: Jessica Kingsley Publishers. Ch.19.

Work Life Balance Centre, 2007. Work Life Balance Report 2007. Available at: [www.worklifebalancecentre.org](http://www.worklifebalancecentre.org) [accessed 31 August 2007]

Yin, R., 2003. *Case Study Research: Design and Methods*. London: SAGE Publications.

Yin, R., 2009. *Case Study Research: Design and Methods*. 4<sup>th</sup> ed. London: SAGE Publications.

Zeus, P. and Skiffington, S., 2002. *The Coaching at Work Toolkit*. Sydney: McGraw-Hill.

## **APPENDIX A**

### **A SUMMARY AND ANALYSIS OF THE SIX SUPPORTING CASES**

#### **1. THE CASE OF WENDY W**

##### **1.1. Background information**

Wendy is a 25-year-old female who worked as a secretary, but needed to do part-time waitering as she was struggling financially. She was also studying part-time to become a social worker. Wendy was in a long-term relationship, which was not in a healthy state at that stage. She drank a bottle of vodka per day in secret and was scared that her employers or partner may find out.

Wendy had a relatively stable upbringing with very understanding and supportive parents. She got bullied at school and felt suicidal and depressed as a result. After a suicide attempt, she had counselling for a year. When that stopped, about two years ago, she started drinking heavily. She kept her drinking secret and her partner did not know about it. Wendy always managed to control her drinking when they went out. Although Wendy had a history of depression, she was not using medication for it at that stage.

Wendy's goal was to address her drink problem by cutting down and eventually stopping. Wendy had counselling in the past and did not want to address deeper underlying issues during the intervention process. She just required immediate help with her drinking, since it got out of control.

Wendy gave the impression of someone who had a very good education and upbringing. She was clearly nervous and embarrassed that she had to come for help as she was someone who usually helped others. She was fairly quiet and seemed shy. She did not want to talk too much. She just wanted to get practical help.

##### **1.2. Final outcome**

The whole process was completed within six weeks and took four sessions. Wendy wanted to cut down and eventually stop her daily, secretive drinking. She managed to achieve this initial goal. In addition to stopping her problematic drinking, Wendy improved almost every other area of her life. She made significant changes to her relationships and felt happier as a result. She felt that she could be herself, since she brought her behaviour more in line with what she believed about herself. This made her feel more authentic. Her self-confidence was much better than when she initially came to the charity.

The progress Wendy made in several areas of her life can clearly be seen in the following comparison table (Table A.1) and graph (Figure A.1) of her initial and end results. Initial scores are in brackets:

Area	Score (0 – 10)
Health	9 (6)
Family relationships	10 (9)
Social relationships	9 (7)
Physical environment	8 (7)
Personal development	8 (8)
Finances	7 (4)
Career	7 (3)
Fun and adventure	8 (6)
Spirituality	7 (6)
Overall	8 (6)

Table A.1. Wendy W's comparative results for the Wheel of Life

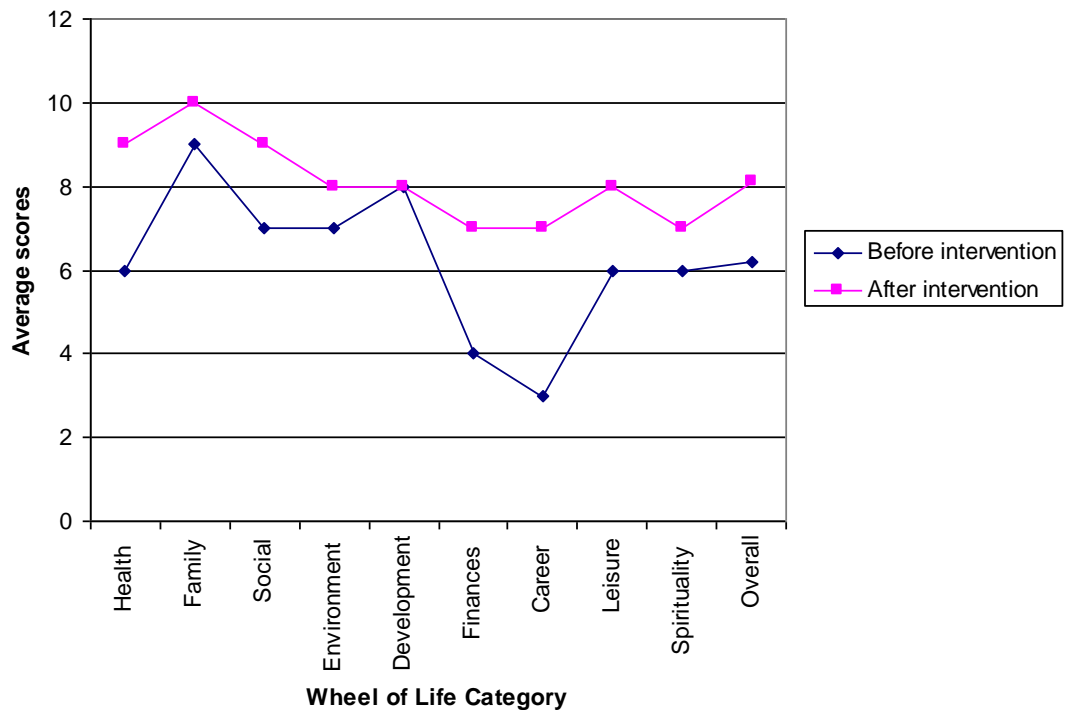


Figure A.1. Wendy W's comparative results for the Wheel of Life

These comparative results show that Wendy made significant progress during the time she attended brief intervention work at this charity.

No other formal interventions took place that could have contributed to the outcome. However, she did have more contact with her parents and friends, which could have positively impacted her.

In contrast with the therapy she previously experienced, the *pastoral coaching* process aimed to help Wendy deal constructively with a specific issue in her life that became problematic, instead of dealing with her depression or suicidal tendencies as a whole. Although she did not compare this process to her counselling experience, it was clear that she achieved what she wanted to achieve (and more) and that she managed it in a fraction of the time her previous experience lasted (six weeks instead

of twelve months). She also described some of the approaches that I used as “refreshing.”

At the end of the intervention she was hopeful, relieved and confident. During the interventions process she moved back to her parents and when the intervention process ended this support structure was still in place. She also had more contact with friends than in the past and saw them on a regular basis.

### **1.3. An analysis of the *pastoral coaching* with Wendy W**

#### *1.3.1. What was the overall structure of pastoral coaching with this client?*

During all the sessions it was clear that the overall structure of *pastoral coaching* with Wendy was similar to that of solution-focused coaching. Although certain elements were added at various stages of the process, the process still followed a clearly solution-focused coaching outline.

Since the first session was slightly different from the other sessions, its structure is discussed separately:

<b><i>1. Engage with the client first, not the problem</i></b>
<i>1.1. Connect with the client</i>
<i>1.2. Find out how to face the problem together with the client</i>

I first established rapport and made every effort to let Wendy feel cared for and safe before the problem was discussed.

<b><i>2. Establish what the client wants the outcome to be</i></b>
<i>2.1. Find out details of what the client wants</i>
<i>2.2. Use the miracle question</i>

Wendy’s overall goals for the intervention process were identified.

<b><i>3. Help the client assess progress towards goals</i></b>
<i>3.1. Discuss past and recent successes in different social contexts: look for exceptions</i>
<i>3.2. What does the client need to do to repeat the exceptions?</i>
<i>3.3. Ask many variations of scaling questions</i>
<i>3.4. Ask what the next small step is to achieve a desired small change</i>

Wendy was given an opportunity to tell her story and identify what she wanted to work on by using an assessment instrument, called the Wheel of Life. This instrument uses scaling questions as part of its method. This led to catharsis. I also looked for exceptions to when the problem was happening, but could not find any. I introduced another instrument which I designed, called the “responsibility circles” in order to help her gain perspective on what exactly was going on. This instrument is designed to help people realise that although there are certain things in life that seem out of their control, that they could possibly influence the outcome if they take responsibility for that which is under their control. I furthermore gave her extra information on principles for cutting down her drinking in a safe way. At the end of every session Wendy was given an opportunity to design her own action plan.

<b>4. Give feedback</b>
-------------------------

<i>4.1. Compliment</i>
------------------------

<i>4.2. Explain why a certain action may be a good idea</i>
---

<i>4.3. Give suggestions</i>
------------------------------

I gave Wendy positive feedback at the end of every session and gave her an opportunity to also give feedback on her experience of the *pastoral coaching* process.

The solution-focused coaching outline was also followed during subsequent sessions. However, the sequence was slightly changed as the second and third steps were swapped. The reason for this was to help Wendy reflect on her progress first, before discussing further goals. This gave her hope and perspective on her situation. Once she had worked on her overall goal and the progress she had already made, she was helped to set other small goals for herself. The second to fourth sessions were thus structured as follows:

<b>1. Engage with the client first, not the problem</b>
---

<i>1.1. Connect with the client</i>
-------------------------------------

<i>1.2. Find out how to face the problem together with the client</i>
---

I usually connected with Wendy and established good rapport prior to the session by meeting her in the waiting room, being genuinely pleased to see her and engaged in problem-free talk and showing interest in her as we walked to the counselling room. Rapport was thus established before the session started formally. This was maintained through the session by attentive and active listening.

<b>2. Help the client assess progress towards goals</b>
---

<i>2.1. Discuss past and recent successes in different social contexts: look for exceptions</i>
---

<i>2.2. What does the client need to do to repeat the exceptions?</i>
---

<i>2.3. Ask many variations of scaling questions</i>
--

<i>2.4. Ask what the next small step is to achieve a desired small change</i>
---

I always asked the solution-focused question of what had been better since the previous meeting during the first part of the session. This question gave Wendy an opportunity to talk about the progress she made. This progress was seen as an exception to when the problem was happening. These exceptions were explored in more detail. Wendy was given an opportunity to tell her story when she seemed distressed. I consistently offered perspective on her situation, by acknowledging what she was saying and then either asking a question about it or reframing the situation. At the end of the intervention process the Wheel of Life was used to assess the progress Wendy made. By reflecting on this, she was encouraged.

<b>3. Establish what the client wants the outcome to be</b>
---

<i>3.1. Find out details of what the client wants</i>
---

<i>3.2. Use the miracle question</i>
--------------------------------------

During the middle of the intervention the Wheel of Life was used to help her view her whole life and set appropriate goals. Wendy was encouraged to use the learning from her progress to just take the next small step towards new goals. She was given an opportunity to design her own action plan.

<b>4. Give feedback</b>
4.1. Compliment
4.2. Explain why a certain action may be a good idea
4.3. Give suggestions

I gave feedback at the end of each session and encouraged her through the whole session. Wendy was given an opportunity to give feedback on her own experience of the process.

This case shows clearly that a solution-focused coaching structure was followed, although the sequence of the various steps in this process was slightly altered after the first session. The initial proposition, that *pastoral coaching* follows a solution-focused coaching structure, is thus confirmed by this case.

#### *1.3.2. What traditional functions of pastoral care were displayed during pastoral coaching?*

All five traditional functions of pastoral care: *healing*, *sustaining*, *guiding*, *reconciling* and *nurturing*, were evident during the *pastoral coaching* process. The *sustaining* function was visible during the whole process as Wendy was supported throughout the intervention. *Guidance* also played a significant role as I helped her to gain perspective and make important choices. This helped her to move beyond her previous state and thus *healing* took place. *Reconciling*, as pastoral function was also evident during all four sessions. However, initially this reconciliation was not aimed at helping Wendy to heal relationships with other people or God, but rather with herself. As her values did not match her behaviour, she was helped to align these with each other and accept herself. This was the case during the first two sessions. As she got more “in touch” with herself, she began to look outside of herself, and worked on the other relationships that were important to her: her parents, friends and her partner. All these relationships developed significantly during the process of *pastoral coaching*. *Nurturing* was not evident during the first session. However, this gradually increased as the process continued, since she was helped to design action plans that would help her to develop her potential while remaining true to who she was. As a result her self-confidence increased significantly during the whole process.

This case therefore confirms the proposition that all five traditional functions of pastoral care, *healing*, *sustaining*, *guiding*, *reconciling* and *nurturing*, could be identified during the process of *pastoral coaching*. It also confirms that certain functions would be more evident during the former stages (*sustaining*, *guiding* and *healing*) while other functions (*nurturing* and *reconciling*) would be more visible during the latter stages. Although *reconciling* was also visible during the first part of intervention, and not only the latter part, it is clear that this function had a different character initially and was not entirely focused on achieving reconciliation with other people. This changed, however, as the intervention progressed.

#### *1.3.3. Can pastoral coaching be identified as one of the classical types of pastoral care?*

An analysis of the various sessions shows clearly that three classical types of pastoral care could be identified during the process of *pastoral coaching* with this client. However, only one type, *supportive pastoral care* could be identified in all four sessions. *Crisis pastoral care* was only visible during the first session, when Wendy experienced a crisis. During the third session Wendy also faced a potential

crisis, yet she managed to deal with the situation without the need of crisis intervention. I assisted Wendy in this process by helping her to gain perspective on her situation by seeing the situation in the light of the progress she had already made. Being solution-focused, instead of problem-focused, thus enabled her to deal with the situation differently. *Educative pastoral care* was evident in only one session, also the first. It thus occurred simultaneously with crisis pastoral care and offered Wendy a way of dealing with the crisis situation.

It therefore seems as though the *pastoral coaching* done with this client was a form of supportive pastoral care, but that crisis pastoral care was used when Wendy experienced an acute crisis. Educative pastoral care was used to help Wendy see new possibilities and convey certain skills to her to assist her progress. During the last 75% of the interventions process only supportive pastoral care can be identified.

This case thus confirms the proposition that *pastoral coaching* is in essence a form of supportive pastoral care, although it will occasionally also make use of crisis or educative pastoral care.

Since the *pastoral coaching* in this case showed the characteristics of supportive pastoral care, it was further analysed to determine whether any method of this type of intervention could be distinguished. Four methods of supportive pastoral care were evident in all four sessions of the *pastoral coaching* process:

- i. Gratifying dependency needs.* My particular style of intervention gratified the dependency needs of Wendy as I continued to comfort, sustain, inspire and guide her.
- ii. Objective review of the stress situation.* I consistently offered perspective on the situation to Wendy by asking appropriate questions to stimulate her thinking and I often reframed her situation.
- iii. Changing the life situation.* Although I did not provide practical assistance during this case, I continually offered perspective and encouragement, which empowered Wendy to make life-changing decisions, which, in turn, improved her self-confidence.
- iv. Encouraging appropriate action.* This feature was consistent during all four sessions as I encouraged Wendy to design her own action plan at the end of each session.

These four methods of supportive pastoral care communicates the essence of *pastoral coaching* as far as it portrays the comforting and encouraging style of *pastoral coaching*, as well as giving perspective on the situation and enabling Wendy to make changes to her life.

Two other methods of supportive pastoral care could also be identified during the interventions process. However, each one only appeared once: Wendy was given an opportunity to share her emotions about how she was feeling. *Emotional catharsis* thus occurred during the first session and was also the session in which crisis intervention was utilised. *The using of religious resources* only occurred during the last session when Wendy was assisted in identifying her progress over the interventions process. Spirituality was discussed as part of the Wheel of Life and

Wendy discovered that her experience of life's meaning and purpose also increased, even though she did not focus on this.

This case confirms the proposition that *pastoral coaching* will mostly make use of four methods of supportive pastoral care: *gratifying dependency needs*, *objective review of the stress situation*, *changing the life situation* and *encouraging appropriate action*. The other three methods of supportive pastoral care may occasionally be used to enhance the process.

#### *1.3.4. What were the characteristics of the pastoral coach?*

According to Clinebell (1984, pp.416-419) there are six characteristics that should be displayed by the pastoral carer. All six qualities, congruence, non-possessive warmth, empathic understanding, an inner sense of identity, the therapeutic attitude of a wounded healer and personal aliveness, were displayed during all the sessions. The first three characteristics are usually also displayed by other secular counsellors, while the last three are added as essential qualities of pastoral counsellors. All six qualities were important in building a strong relationship of trust with Wendy.

The five characteristics of an effective life coach that Collins (2001, pp.45-49) identified were also present during most of the sessions. Self-awareness, flexibility, people-sensitivity, synergy with Wendy and forthrightness were all shown during most sessions.

Additional qualities were also demonstrated during the process of intervention:

- i. I consistently offered *perspective* to Wendy and often reframed her situation. This helped her to see new possibilities.
- ii. *Encouragement* was an integral part of the *pastoral coaching* and played a central role in the way Wendy was approached throughout each session. This could especially be seen during the formal feedback stage, when I encouraged Wendy by referring to her progress and her action plan.
- iii. Through the whole process of encouraging Wendy and offering perspective, she was given an opportunity to take responsibility for her situation, design her own action plan and take subsequent action. This process *empowered* her to take control of her situation through the process of *pastoral coaching*.

This case confirms the proposition that I will display all six characteristics of pastoral counsellors, as defined by Clinebell (1984), as well as all five essential characteristics of an effective life coach, as defined by Collins (2001). It furthermore confirms that three other characteristics were constantly present: *consistent offering of perspective*, *consistent encouragement* and *consistent empowerment*.

However, additional characteristics were also displayed during the interventions process:

- iv. During the first session *edification* took place. This was part of the educative pastoral care and gave Wendy extra knowledge that helped her to overcome the challenge she was facing.

During the remaining three sessions, two other characteristics were clearly displayed:



v. *Checking ecology*. I regularly assessed how Wendy's decisions would impact the people around her. This helped her to ensure that she kept the balance between individual and corporate responsibility.

vi. *Encouraging self-acceptance*. Wendy struggled with low confidence levels. I helped her to realise her own values and live according to them. I reinforced her progress and encouraged and complimented her and thus encouraged her to be herself and accept herself for who she was.

#### *1.3.5. Which distinctive characteristics of the coach/client relationship were displayed during the pastoral coaching sessions?*

During this interventions process the relationship between Wendy and myself played a significant role in the progress she had made. Wendy seemed to trust me and opened up after being very anxious initially. This honesty made it possible for her to also be honest with herself as well as with some of the important people in her life. She gained self-confidence through the *pastoral coaching* process and valued the perspective, support and encouragement I offered her.

According to the initial propositions, five characteristics of the coach/client relationship could be identified. These were evident as follows:

i. *Willingness to walk the extra mile*. I did not display this characteristic through practical assistance. However, I did show it through empathic understanding, my personal aliveness, the extra tools and techniques I used and the reframing and perspectives that I consistently offered Wendy. I thus showed a willingness to do whatever was necessary to help Wendy in her situation.

ii. *Acting as encourager and cheerleader for Wendy*. Through every session and especially at the end of sessions, I made sure that Wendy was encouraged by referring to what she had already done as well as the potential I saw in her.

iii. *Valuing Wendy for who she was*. By consistently working with Wendy as someone whom I valued, I helped her to also value herself. This had a significant impact on her self-image and self-confidence.

iv. *Focusing on wholeness and helping Wendy to live life to the full*. I focused on various aspects of Wendy's life and helped her with any topic that were relevant and helped her to address various parts of her life, not only the problem she presented with. This helped her to experience a more fulfilled and happier life at the end of the interventions process.

v. *Using various techniques/tools/methods to achieve this outcome*. I used recognised life coaching methods, traditional pastoral care methods and methods I have designed in order to assist, encourage and inspire Wendy.

#### *1.3.6. What unique elements were displayed during pastoral coaching that were not part of traditional pastoral care or life coaching?*

- Wendy was consistently given an opportunity to write her own action plan.
- She could consistently give feedback about her experience of the intervention process.
- The Wheel of Life was used to determine her current circumstances, goals for the future, as well as her progress.
- The "responsibility circles" were used to give her perspective on her situation.
- She was given practical advice on how to cut down her drinking.

- She was helped to realise the impact of her decisions on the people around her.

It could thus be concluded that *pastoral coaching* as practised in these sessions, had a solution-focused coaching structure and the character of supportive pastoral care. These two disciplines seemed to have been brought together by my own character and focus. I represented God's love, care and comfort to Wendy, while using any means possible to help her towards wholeness.

## 2. THE CASE OF GEMMA C

### 2.1. Background information

Gemma is a 38-year-old female who lived on her own. Gemma was brought up by other family members, as her parents could not look after her. She suffered from a serious illness a few years ago and was slightly disabled as a result. She also suffered from anxiety and depression and had very low self-esteem. She was on benefits and regularly binge drank in order to cope with her life, this occurred at least twice per week. She had no ambition and felt that she was just holding on to life and feeling very low and worthless. She saw herself as a failure.

Gemma had no previous emotional or psychological interventions, despite her history of depression and low self-esteem. She came for help because she wanted to have more confidence and believe in herself more. She also wanted not to be stopped by the negative thoughts in her head anymore.

From the case history, Gemma seemed like an ideal candidate for longer-term counselling, as she faced several dilemmas from childhood. However, she was so stuck and felt so low that she needed some motivation to lift her out of her despair and give her hope. The care plan was to help her get stronger and deal with certain immediate issues before she started longer-term counselling.

Gemma gave the initial impression of someone who was very gentle and soft spoken. She apologised a lot and it was clear that she did not value herself very highly. She had a slight stammer and walked slowly, due to her disability.

### 2.2. Final outcome

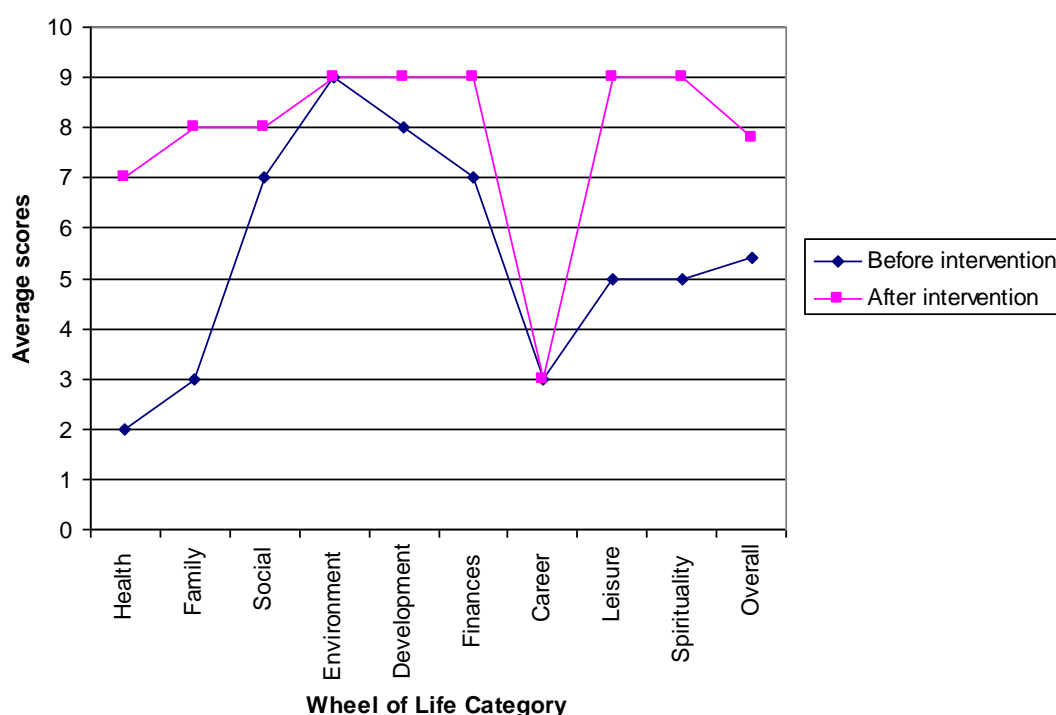
The whole process was completed within fourteen weeks and took eight sessions. Gemma wanted to have more confidence and believe in herself more. She also wanted not to be stopped by her own negative thoughts anymore. She accomplished all three these goals and was much more confident at the end of the *pastoral coaching* process. She managed to change her behaviour dramatically and believed in herself again.

In addition to achieving these goals Gemma managed to reduce her drinking and stopped the bingeing. She also improved her relationships with significant people in her life, became more assertive, joined the library, exercised, improved her health, started reaching out to other people more, decided to deal with issues from her childhood and improved her relationship with God.

The progress Gemma made in several areas of her life can clearly be seen in the following comparison table (Table A.2) and graph (Figure A.2) of her initial and end results. Initial results are in brackets:

Area	Score (0 – 10)
Health	7 (2)
Family relationships	8 (3)
Social relationships	8 (7)
Physical environment	9 (9)
Personal development	9 (8)
Finances	9 (7)
Career	3 (3)
Fun and adventure	9 (5)
Spirituality	9 (5)
Overall	8 (5)

*Table A.2. Gemma C's comparative results for the Wheel of Life*



*Figure A.2. Gemma C's comparative results for the Wheel of Life*

Gemma received no other formal interventions that could have contributed to the outcome. However, she did start to have more contact with her mum and other family members who could have positively impacted her.

Gemma had no previous interventions to compare this process to. However, she felt accepted and guided and felt that the support she received and the subsequent progress she made in a relatively short period of time gave her hope for the future. As a result she was hopeful and confident at the end of the intervention process. Gemma also started to have more regular contact with her mum and other family

members. Usually she was under the influence of alcohol when she spoke to them. Now this was not the case anymore. As a result she felt more supported by them. In addition, I organised a counsellor to work with her in the long term to help her deal with deeply rooted issues.

## **2.3. An analysis of the *pastoral coaching* with Gemma C**

### **2.3.1. What was the overall structure of *pastoral coaching* with this client?**

During all the sessions it was clear that the overall structure of *pastoral coaching* with this particular client was similar to that of solution-focused coaching. Although certain elements were added at various stages of the process, the process still followed a clearly solution-focused coaching outline.

The first session again followed a slightly different sequence than the other sessions and is therefore discussed separately:

<b>1. Engage with the client first, not the problem</b>
---

<b>1.1. Connect with the client</b>
-------------------------------------

<b>1.2. Find out how to face the problem together with the client</b>
---

I first engaged in some problem-free talk and established rapport and made an effort to let Gemma feel at ease, cared for and safe.

<b>2. Establish what the client wants the outcome to be</b>
---

<b>2.1. Find out details of what the client wants</b>
---

<b>2.2. Use the miracle question</b>
--------------------------------------

Gemma's overall goals were identified.

<b>3. Help the client assess progress towards goals</b>
---

<b>3.1. Discuss past and recent successes in different social contexts: look for exceptions</b>
---

<b>3.2. What does the client need to do to repeat the exceptions?</b>
---

<b>3.3. Ask many variations of scaling questions</b>
--

<b>3.4. Ask what the next small step is to achieve a desired small change</b>
---

Gemma was given an opportunity to tell her story and share her feelings. I listened for and enquired about possible exceptions to when the problem was happening. She completed the Wheel of Life, to determine which other areas of her life she wanted to address. This instrument used scaling questions. I listened to her and encouraged her throughout the session. When she got stuck about her faith, I gave her perspective and addressed some of the concepts she held about herself and God, thus giving spiritual support. She decided on an action plan that she would follow to address the issues she identified.

<b>4. Give feedback</b>
-------------------------

<b>4.1. Compliment</b>
------------------------

<b>4.2. Explain why a certain action may be a good idea</b>
---

<b>4.3. Give suggestions</b>
------------------------------

I gave positive feedback at the end of each session and Gemma was also given an opportunity to give feedback on how she experienced the sessions and how she felt.

The solution-focused coaching outline was also followed during subsequent sessions. As in the other cases, the sequence of the structure was changed by swapping the second and third steps. This was done in order to help Gemma reflect on her progress first and learn from her experience, before setting new goals for herself. This gave her hope and perspective on her situation. Once she had worked on her overall goal and the progress she had already made, she was helped to set other small goals for herself. The second to eighth sessions were thus structured as follows:

<b><i>1. Engage with the client first, not the problem</i></b>
--

<i>1.1. Connect with the client</i>
-------------------------------------

<i>1.2. Find out how to face the problem together with the client</i>
---

I connected with Gemma and established good rapport prior to the session by meeting Gemma in the waiting room, being genuinely pleased to see her and engaged in problem-free talk and showing interest in her as we walked to the counselling room. Rapport was thus established before the session started formally. This was maintained through each session by attentive and active listening.

<b><i>2. Help the client assess progress towards goals</i></b>
--

<i>2.1. Discuss past and recent successes in different social contexts: look for exceptions</i>
---

<i>2.2. What does the client need to do to repeat the exceptions?</i>
---

<i>2.3. Ask many variations of scaling questions</i>
--

<i>2.4. Ask what the next small step is to achieve a desired small change</i>
---

I always started the formal part of the session by asking the solution-focused question of what was better since the previous meeting. This question gave Gemma an opportunity to talk about the progress she had made. This progress was seen as exceptions to when the problem was happening and was explored in more detail. Gemma was given an opportunity to tell her story when she seemed distressed. I acknowledged disappointment and successes and encouraged and supported her. When Gemma felt stuck, I introduced new information, used new instruments, like the “benefit vs negative effects” exercise (adapted from motivational interviewing techniques, see Miller and Rollnick, 2002) or the “ideal self” instrument (adapted from Robbins, 1991) or reframed her situation (Capps, 1995b) by asking questions or making suggestions. All of these methods helped her to gain perspective and increased her hope. At the end of the intervention process the Wheel of Life was used to assess the progress Gemma made. By reflecting on this, she was encouraged.

<b><i>3. Establish what the client wants the outcome to be</i></b>
--

<i>3.1. Find out details of what the client wants</i>
---

<i>3.2. Use the miracle question</i>
--------------------------------------

Halfway through the intervention process she identified a new goal and why this was important to her. I often assisted Gemma in reflecting on her progress and the changes in her life. I furthermore assisted her in defining key learning outcomes and formulate contingency plans for similar situations in the future and helped her to assess how her spirituality could assist her in other areas of her life. I provided spiritual support where she needed it. She was also given an opportunity to design her own action plan.

<b>4. Give feedback</b>
4.1. Compliment
4.2. Explain why a certain action may be a good idea
4.3. Give suggestions

Gemma was given an opportunity to give feedback on her own experience of each session. I gave feedback at the end of the sessions and encouraged her throughout each session. I also suggested books that would help her gain more perspective on her situation and address some of the questions she asked and helped her to identify further areas that needed attention. She realised she needed longer-term counselling.

This case confirms the proposition that *pastoral coaching* follows a solution-focused coaching structure, although the sequence of the structure of subsequent sessions was altered slightly.

#### 2.3.2. What traditional functions of pastoral care were displayed during pastoral coaching?

All five traditional functions of pastoral care were evident during the *pastoral coaching* process. The *sustaining* function was visible during the whole process as Gemma was supported throughout. *Guidance* also played a significant role as I helped Gemma to gain perspective and make important decisions. This helped her to move beyond her previous state and thus *healing* took place. *Reconciling*, as pastoral function was evident during four sessions. This function became stronger as Gemma worked on reconciliation with herself, significant others and God. During the last sessions, this was not evident anymore, as she felt that she made significant progress in these areas. This is reflected in her final scores on the Wheel of Life in the personal development (9), family relationships (8), social relationships (8) and spirituality (9) sections. *Nurturing* was evident for the first time at the halfway mark of the interventions process. This only became important when she felt more stable in herself and started to look outside of herself. She realised that her faith could help her in this process and I offered spiritual support on issues she were struggling with.

This case confirms the proposition that all five traditional functions of pastoral care could be identified during the process of *pastoral coaching*. It also confirms that certain functions (*sustaining*, *guiding* and *healing*) would be more evident during the former stages, while other functions (*nurturing* and *reconciling*) would be more visible during the latter stages. However, this case already had *reconciling* during the first session, as Gemma discussed her relationship with God at this stage, thus contradicting the initial proposition. A probable explanation for this apparent contradiction is the fact that Gemma is a Christian and that this relationship was very important to her from the beginning of the interventions process. It thus seems as though people who have an active faith may realise the importance of spirituality at an earlier stage and therefore the reconciling function may be more evident in the early stages of intervention. This may however vary on an individual basis.

Another difference to the proposition is that *guidance* did not diminish as the process continued and were evident during all the sessions. This may be explained by the fact that Gemma still had underlying issues she wanted to address. It thus seems to indicate that people who need longer term work may rely on the guidance of a pastoral coach for a longer period of time. The presence of the guiding function during the last few sessions of *pastoral coaching* may thus be an indication that

further therapeutic intervention may be needed. This is confirmed by the fact that the guiding function was only omitted in one session and that was the same session in which Gemma stated that she did not need longer term work.

### *2.3.3. Can pastoral coaching be identified as one of the classical types of pastoral care?*

An analysis of the various sessions shows clearly that only two classical types of pastoral care, *educative* and *supportive pastoral care*, could be identified during the intervention process with Gemma. Again, only *supportive pastoral care* could be identified in all the sessions, while *educative pastoral care* was evident in three sessions: the first two, as well as the last session. In two cases the educative care referred to spiritual support that was offered. These two occasions, the first and last sessions, coincided with the discussion of the Wheel of Life and spirituality. This instrument thus introduced the topic of spirituality. As a Christian, Gemma responded to this opportunity by discussing her relationship with God, as this played a significant role in her life. Since I am theologically trained, I offered her spiritual support to help her deal with the issues she struggled with. The educative pastoral care that took place in the second session referred to suggestions I made. One of Gemma's strengths was reading. This is something she enjoyed, yet did not make time for it. She also had certain issues that came up during the session that she was not sure what to do. I subsequently recommended certain books that would have helped her with the specific issues. I furthermore gave her extra information in the session that she asked for.

This case confirms the proposition that *pastoral coaching* is in essence a form of supportive pastoral care, although it will occasionally also make use of crisis or educative pastoral care. What is interesting in this case is the fact that crisis intervention was not evident at all and that educative pastoral care took place during three of the eight sessions. However, two of those occasions were spiritual in nature and this coincided with spiritual discussions. It could thus be concluded that *pastoral coaching* is still in essence a form of supportive pastoral care, but that it may display characteristics of spiritual support during sessions where the client welcomes the open discussion of spirituality or has questions about it.

Since this case seems to display the characteristics of supportive pastoral care, further analysis was needed in order to determine which methods of this type of intervention were displayed. Four methods of supportive pastoral care were evident in all four sessions of the *pastoral coaching* process:

- i. Gratifying dependency needs.* My own style of working gratified the dependency needs of Gemma as I continued to comfort, sustain, inspire and guide her. This relationship could almost be described as the relationship an older sibling has with a younger one in the sense that I provided support and guidance, but also encouraged her to be more independent.
- ii. Objective review of the stress situation.* I consistently offered perspective on the situation to Gemma by asking appropriate questions to stimulate her thinking and often reframed her situation.
- iii. Changing the life situation.* The perspective, guidance, encouragement and hope that I offered, empowered Gemma to make life-changing decisions. I also assisted

her practically by giving her extra information, recommending books and organising longer-term counselling for her.

iv. *Encouraging appropriate action*. This feature was consistent during all the sessions as I encouraged Gemma to design her own action plan at the end of each session.

These four methods of supportive pastoral care communicates the essence of *pastoral coaching* as far as it portrays *pastoral coaching's* comforting and encouraging style, as well as giving perspective on the situation and enabling Gemma to make changes to her life.

Only one additional method could be identified:

v. *Using religious resources* occurred three times, during the first and last two sessions. On two of these occasions (first and last sessions) spirituality was discussed as part of the Wheel of Life. Initially Gemma used it to identify her relationship with God and her experience of having a purpose as an area that needed attention and at the end she realised that this had improved significantly. The specific religious resources that were used during the second last session referred to the spiritual support she received when she wondered how she could use her spirituality in dealing with other issues in her life.

This case confirms the proposition that *pastoral coaching* will mostly make use of four methods of pastoral care: *gratifying dependency needs, objective review of the stress situation, changing the life situation and encouraging appropriate action*. The other three methods of supportive pastoral care may occasionally be used to enhance the process.

#### 2.3.4. What were the characteristics of the pastoral coach?

The six characteristics of a pastoral counsellor (Clinebell, 1984, pp.416-419) as well as the five characteristics of an effective life coach (Collins, 2001, pp.45-49) were all evident during the *pastoral coaching* process.

In addition to these eleven qualities, the following characteristics were also displayed during the process of intervention:

- i. I consistently offered *perspective* to Gemma by often reframing her situation and thus helping her to see new possibilities.
- ii. *Encouragement* was also an integral part of the *pastoral coaching* and played a central role in the way Gemma was approached throughout the session. This could especially be seen during the formal feedback stage, when I encouraged Gemma by referring to her progress and her action plan.
- iii. Through the whole process of encouraging Gemma and offering perspective, she was also given an opportunity to take responsibility for her situation, design her own action plan and take subsequent action. She was thus *empowered* to take control of her situation through the process of *pastoral coaching*.

This case confirms the proposition that I will display all six characteristics of pastoral counsellors, as defined by Clinebell (1984), as well as all five essential characteristics of an effective life coach, as defined by Collins (2001). It furthermore confirms that three other characteristics will constantly be present: *consistent offering of perspective, consistent encouragement and consistent empowerment*.



However, further characteristics were also displayed during the interventions process:

- iv. On three occasions (first and the last two sessions) *spiritual support* took place. Two of these instances took place as a result of the specific instrument that was used and was also a form of educative pastoral care.
- v. Twice (first and second session) I helped to *increase Gemma's hope*, through the support and guidance I offered.
- vi. During the second session I also helped to *expand Gemma's horizons* by introducing new information and recommending certain books. This was also a form of educative pastoral care. However, what makes this unique is the fact that I used Gemma's *strengths and resources* to help her expand her horizons. I thus helped her to build on something she already possessed.
- vii. During the third session I used *motivational interviewing* (benefits vs costs) to increase her motivation.
- viii. During the seventh session, I did a *reality check* to help her make a decision about the future.

#### 2.3.5. Which distinctive characteristics of the coach/client relationship were displayed during the pastoral coaching sessions?

During this interventions process the relationship between Gemma and myself played a significant role in the progress she had made. Gemma seemed to trust me. This was especially evident during the discussion of deeply spiritual issues. One of the characteristics of supportive pastoral care that was consistently present and referred to the relationship between us, is *gratifying dependency needs*. This method seems to play an important role in the process. This dependency gratification takes on various forms, including comforting, sustaining, inspiring, guiding, protecting and instructing and communicates caring to Gemma. Clinebell (1984, p.172) stated that the pastoral carer is a “‘good parent’ figure on whom [the client] can lean”. This seems to also be the case with this relationship. However, this is more of an “older sibling” type of relationship as I provided encouragement, guidance and support, yet also helped Gemma to take responsibility and continue on her own. This happened in a relatively short period of time. Therefore I would like to add a sixth characteristic to the proposition of the coach/client relationship in *pastoral coaching*: *helping the client to take responsibility for his/her actions*. These six characteristics were evident as follows:

- i. *Willingness to walk the extra mile*. I often discussed spirituality and offered spiritual support, although this was not necessary. However, I felt that Gemma needed help in this regard and that I was able to offer it, therefore I did. I also recommended books that could help her, organised longer-term counselling and phoned her between sessions to encourage her.
- ii. *Acting as encourager and cheerleader for Gemma*. Through every session and especially at the end of sessions, I ensured that I encouraged Gemma by referring to what she had already done as well as the potential I saw in her.
- iii. *Valuing Gemma for who she was*. By consistently working with Gemma as someone whom I valued, I helped her to also value herself. This had a significant impact on her self-image and confidence. One of the ways in which I did this, was to always give her an opportunity to share her experience of the session at the end.
- iv. *Focusing on wholeness and helping Gemma to live life to the full*. I focused on various aspects of Gemma's life and helped her to address different parts of her life,

not only the problem she presented with. This helped her to experience a more fulfilled and happier life at the end of the intervention process.

v. *Using various techniques/tools/methods to achieve this outcome.* I used recognised life coaching methods, traditional pastoral care methods and methods from other therapies in order to assist, encourage and inspire Gemma.

vi. *Helping Gemma to take responsibility for her actions.* I continuously encouraged Gemma to write an action plan that was appropriate to her. I then encouraged her to take action on it. This helped Gemma to take more responsibility for her life and helped her to move on rapidly.

2.3.6. *What unique elements were displayed during pastoral coaching that were not part of traditional pastoral care or life coaching?*

- Gemma was consistently given an opportunity to write her own action plan.
- She could consistently give feedback about her experience of the intervention process.
- The Wheel of Life was used to determine her current circumstances, goals for the future, as well as her progress.
- The “ideal self” exercise was used to give her perspective and improve her self-image.
- Motivational interviewing techniques were used to increase her motivation.
- Extra information was given and books recommended to assist her.
- Spiritual support was given.
- Identifying underlying issues and the need for longer term work, while acknowledging the progress she had made.

This case displays a clear solution-focused coaching structure, while also remaining true to the characteristics of pastoral care. Yet, *pastoral coaching* also seems to use methods, techniques and tools that are not usually part of these two types of intervention. Thus, as a result of an analysis of this case it could be concluded that *pastoral coaching* is both pastoral care as well as life coaching, but that it also displays its own unique qualities.

### **3. THE CASE OF GEORGE R**

#### **3.1. Background information**

George is a 36-year-old male. He was a professional football player and travelled and played widely for almost ten years, before being deported from a European country for drunk driving. He was very successful in Europe and enjoyed his job. George was a prolific drug user in the past. His family also used drugs and he experienced domestic violence as a child. Due to his heroin addiction he also experienced some trauma in the past. He suffered from depression and anxiety. Approximately four years ago he spent some time in a rehabilitation facility. He saw a therapist while he was attending the rehab and was still not using heroin. However, he was drinking about eight pints of alcohol per night and went to hospital to have a detox after his initial assessment appointment at this charity. When I saw him for his first appointment he was still dry. George was selling the Big Issue and was attending Church as well as the Alpha course.

George stopped drinking a few weeks before and his goal in coming to this charity was to find some direction and structure in his life. He felt that he sufficiently dealt with issues from his past during his time in rehab and just wanted some help in finding direction again at this stage. The initial impression George gave was of someone who was depressed, with low self-esteem.

### 3.2. Final outcome

The whole process was completed within ten weeks and took seven sessions. George managed to find direction and structure after stopping drinking and was very pleased with the results.

In addition to achieving his stated goals, he also managed to stay dry, improved his health and eating habits significantly, improved his living conditions, improved his finances, felt better about his career, felt better spiritually, had more fun, helped others more and had hope for the future.

The progress George had made in several areas of his life can clearly be seen in the following comparison table (Table A.3) and graph (Figure A.3) of his initial and end results. Initial scores are in brackets:

Area	Score (0 – 10)
Health	8 (5)
Family relationships	8 (7)
Social relationships	8 (7)
Physical environment	8 (7)
Personal development	8 (7)
Finances	8 (7)
Career	8 (1)
Fun and adventure	8 (2)
Spirituality	8 (5)
Overall	8 (5)

*Table A.3. George R's comparative results for the Wheel of Life*

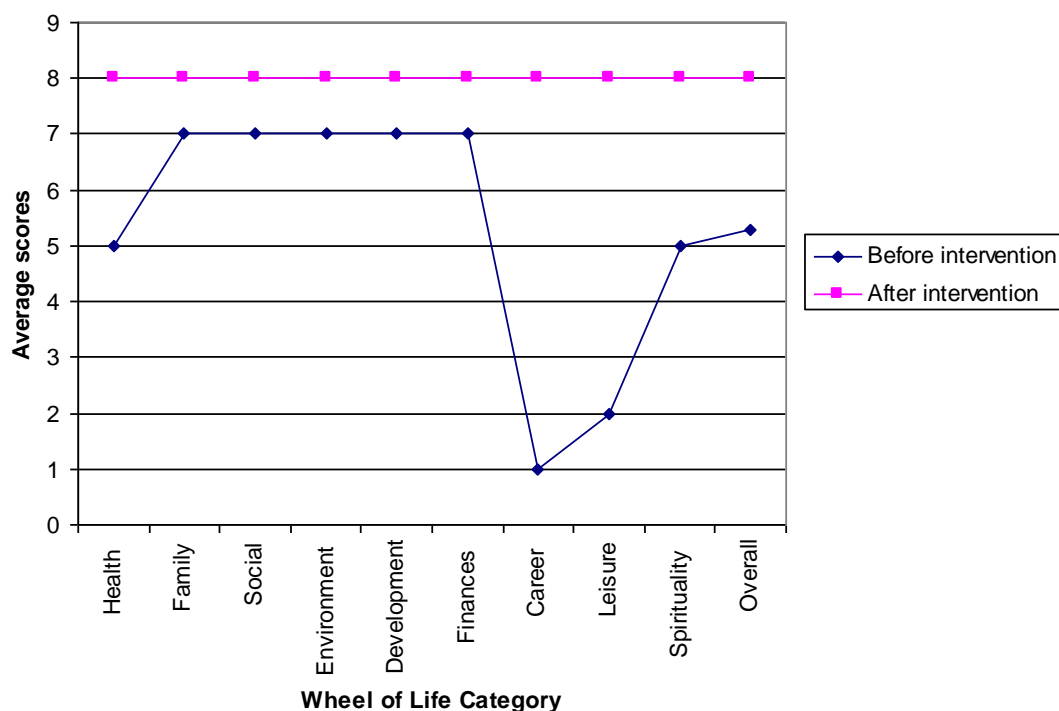


Figure A.3. George R's comparative results for the Wheel of Life

These comparative results show that George made significant progress during the time he attended *pastoral coaching* at this charity.

George did not have any other formal interventions that could have contributed directly to the outcome of the intervention process. However, he did attend Narcotics Anonymous meetings, Church and an Alpha course, which may have positively impacted him.

George did not compare the *pastoral coaching* process with the counselling he attended previously. However, he did mention that the *pastoral coaching* did not force him to talk about things he “did not want to talk about”. He thus implied that this was his experience of counselling and that the *pastoral coaching* provided help and support about practical issues that he wanted to address.

At the end of the intervention process George was positive and confident. He regularly went to church and attended Narcotics Anonymous on a weekly basis. He also had the future support of another agency and had more contact with friends than before. He thus had some support structures in place to sustain him in the long term.

### 3.3. An analysis of the *pastoral coaching* with George R

#### 3.3.1. What was the overall structure of *pastoral coaching* with this client?

During all the sessions it was clear that the overall process followed a solution-focused coaching structure. The sequence of the first session was different from the other sessions and is therefore analysed separately.

<b>1. Engage with the client first, not the problem</b>
---

<i>1.1. Connect with the client</i>
-------------------------------------

<i>1.2. Find out how to face the problem together with the client</i>
---

I started by engaging George in some problem-free talk and established rapport. I attempted to let George feel at ease, cared for and safe and explained to him what we were going to do during the *pastoral coaching* process in order to reassure him.

<b>2. Establish what the client wants the outcome to be</b>
---

<i>2.1. Find out details of what the client wants</i>
---

<i>2.2. Use the miracle question</i>
--------------------------------------

George's overall goals were identified.

<b>3. Help the client assess progress towards goals</b>
---

<i>3.1. Discuss past and recent successes in different social contexts: look for exceptions</i>
---

<i>3.2. What does the client need to do to repeat the exceptions?</i>
---

<i>3.3. Ask many variations of scaling questions</i>
--

<i>3.4. Ask what the next small step is to achieve a desired small change</i>
---

George was given an opportunity to tell his story and share his feelings. I listened for and enquired about possible exceptions to when the problem was happening. I listened to him and encouraged him throughout the session and helped him to gain perspective by realising that he had already made significant progress even before he started with the interventions process. He decided on an action plan that he would follow to address the issues he identified.

<b>4. Give feedback</b>
-------------------------

<i>4.1. Compliment</i>
------------------------

<i>4.2. Explain why a certain action may be a good idea</i>
---

<i>4.3. Give suggestions</i>
------------------------------

I gave positive feedback at the end of the session and George was also given an opportunity to give feedback on how he experienced the session and what he felt.

The solution-focused coaching outline was also followed during subsequent sessions. However, the second and third steps were swapped to help him learn from his experience and build thoroughly on the solutions, before setting new goals for himself. The second to seventh sessions were thus structured as follows:

<b>1. Engage with the client first, not the problem</b>
---

<i>1.1. Connect with the client</i>
-------------------------------------

<i>1.2. Find out how to face the problem together with the client</i>
---

I usually connected with George and established good rapport prior to the session by meeting him in the waiting room, being genuinely pleased to see him and engaged in problem-free talk and showing interest in George as we walked to the counselling room. Rapport was established before each session started formally. This was maintained through each session by attentive and active listening.

<b>2. Help the client assess progress towards goals</b>
---

2.1. Discuss past and recent successes in different social contexts: look for exceptions
--

2.2. What does the client need to do to repeat the exceptions?
--

2.3. Ask many variations of scaling questions
---

2.4. Ask what the next small step is to achieve a desired small change
--

I always asked the solution-focused question at the beginning of each session. This question gave George an opportunity to talk about the progress he had made. This progress was seen as exceptions to when the problem was happening and was explored in more detail, while I encouraged and supported him. He completed the Wheel of Life, during the second session to determine which other areas of his life he wanted to address. This instrument used scaling questions. When George felt stuck, I helped him to gain perspective by asking questions, giving suggestions or providing him with new information. At the end of the intervention process the Wheel of Life was used to assess the progress George made. By reflecting on this, he was encouraged.

<b>3. Establish what the client wants the outcome to be</b>
---

3.1. Find out details of what the client wants
--

3.2. Use the miracle question
-------------------------------

I often assisted George in reflecting on his progress and the changes in his life. He frequently set new goals for himself and was given an opportunity to design his own action plan.

<b>4. Give feedback</b>
-------------------------

4.1. Compliment
-----------------

4.2. Explain why a certain action may be a good idea
--

4.3. Give suggestions
-----------------------

George was given an opportunity to give feedback on his experience of the session. I also gave feedback at the end of the session and encouraged him through the whole session.

This case confirms the proposition that *pastoral coaching* follows a solution-focused coaching structure, although the structure was slightly altered.

3.3.2. What traditional functions of pastoral care were displayed during pastoral coaching?

All five traditional functions of pastoral care were again apparent during the *pastoral coaching* process. The *sustaining* function was evident throughout the whole process, whereas *healing* was clear in the beginning stages and then less evident as George moved towards being healed. *Guiding* was also initially clear as George had to make certain important decisions. As he became clearer about the process and what he was doing, I motivated and supported him rather than guide him. *Reconciliation* and *nurturing* was only evident during the last two sessions as George began to move beyond himself and reached out to help other people and strived towards fulfilling his own potential.

This case confirms the proposition that all five traditional functions of pastoral care could be identified during the process of *pastoral coaching*. It also confirms that *sustaining*, *guiding* and *healing* would be more evident during the former stages,

while *nurturing* and *reconciling* would be more visible during the latter stages. Although George was exploring the Christian faith, he did not discuss this separately. Therefore reconciliation did not feature early in the interventions process as was the case with Gemma C. It thus seems that even though someone may be of faith they would not necessarily choose to discuss their relationship with God, even though the opportunity may arise. Therefore it appears as though the discussion of reconciliation with God would depend on the individual's choice and not whether they are of any religious background.

### *3.3.3. Can pastoral coaching be identified as one of the classical types of pastoral care?*

Only *supportive pastoral care* could be identified in all the sessions, while *educative pastoral care* took place during the third session. This happened when George felt trapped and did not know exactly what to do next. I subsequently told him stories of other people in similar situations. This gave him enough information to stimulate his decision making process.

This case confirms the proposition that *pastoral coaching* is in essence a form of supportive pastoral care, although it will occasionally also make use of crisis or educative pastoral care. As a form of supportive pastoral care, methods of this type could also be identified. The four methods predicted in the proposition, *gratifying dependency needs*, *objective review of the stress situation*, *changing the life situation* and *encouraging appropriate action* were consistently visible during the interventions process.

One other method, *using religious resources*, occurred only once: during the last session, when spirituality was discussed as part of the Wheel of Life.

### *3.3.4. What were the characteristics of the pastoral coach?*

It seems as though Clinebell's six characteristics of the pastoral counsellor as well as Collins' five characteristics of an effective life coach were again all evident during the *pastoral coaching* process. It seems as though I displayed these eleven qualities in all the encounters with clients. These qualities may account for the ability I have to build relationships of trust in a relatively short period of time with others.

This case confirms the proposition that I will display these eleven characteristics. However, during the analysis of this case, three further qualities were also consistently displayed: *consistent offering of perspective*, *consistent encouragement* and *consistent empowerment*.

Only one other characteristic was evident, which was *edification*. This quality occurred during the third session and thus coincided with educative pastoral care.

### *3.3.5. Which distinctive characteristics of the coach/client relationship were displayed during the pastoral coaching sessions?*

The relationship between George and myself was clearly supportive and motivational in nature. When it was analysed against the proposed criteria of elements that would most probably be present in *pastoral coaching*, all six characteristics occurred during the process. In previous cases that have been analysed, all the criteria have been met in almost all sessions. However, in this case

one criterion, *using various techniques/tools/methods to achieve this outcome*, was absent in more than half of the sessions. Although it could still clearly be identified as an important part to the interventions process, it was omitted frequently. Yet, this client made significant progress and achieved all his goals and numerous extra goals he set for himself during the process. A possible explanation for this regular omission could be found by looking closely at what happened during sessions:

During the first session George stated that he wanted direction and explained his situation. I did not employ different tools or techniques during this session, but were more supportive. During the two subsequent sessions, I did however use various tools and techniques to help George to start his progress in a certain direction. During the next three sessions George maintained this direction and actually added his own goals and gained momentum as he progressed. During each session I helped George to realise his progress and assess whether he was still on the right track. New tools or techniques were thus not required, but motivation and support were still essential. During the last session various tools and techniques are again evident. These were used to help George maintain direction in the future.

It thus seem as though the revised proposition that all six characteristics will be displayed during *pastoral coaching* can be confirmed. However, the nature of each case will determine how often some of these elements may be encountered.

### *3.3.6. What unique elements were displayed during pastoral coaching that were not part of traditional pastoral care or life coaching?*

- George was consistently given an opportunity to write his own action plan
- He could consistently give feedback about his experience of the intervention process
- The Wheel of Life was used to determine his current circumstances, goals for the future, as well as his progress
- George was given suggestions when he was stuck
- I told stories in order to convey information

This case also confirms that *pastoral coaching* seems to have a solution-focused coaching structure, but that the character of this process is supportive pastoral care. I played an important role in balancing motivation and support, helping George to feel safe as well as empowered to pursue his goals.

When the individual sessions were analysed, this specific case seems closer to life coaching, even though it is clearly also pastoral care. This is seen in the fact that there are less other interventions or elements that could be defined as unique to *pastoral coaching*. However, this was one of the earliest interventions I administered. It could therefore be argued that *pastoral coaching* may have started closer to life coaching, but developed over time into a unique intervention. Even though this may be the case there are still unique elements that could be identified in all cases of *pastoral coaching* that have been analysed so far. Therefore this case still illustrates the structure and essence of *pastoral coaching*.



## 4. THE CASE OF PETER N

### 4.1. Background information

Peter is a 22-year-old British male. His mom had a drug addiction and came to this charity for help. She was very worried about her son and told him to come in for an assessment. He drank about six pints of beer per night and used cocaine and cannabis in the past. He got bullied at school and had been arrested for violence and assault in the past. Peter also attempted suicide in the past. He was very anxious and felt quite low.

Peter had no formal interventions in the past and came for help because his mom told him to come. He consequently did not have a specific goal that he wanted to achieve. He did, however, acknowledge that he needed to do something to change his life. During the first session it transpired that he took another overdose four days prior to this appointment.

The reason why he came for brief interventions work, rather than longer-term counselling, was because of the rapid nature of this work. Peter could be seen relatively quickly and it seemed as though he needed some help, support and motivation urgently. Subsequently this method seemed most appropriate for him at this stage. The initial impression he gave, was of someone who was extremely nervous and on edge.

### 4.2. Final outcome

The whole process was completed within three weeks and took three sessions. However, the exit was unplanned. Another appointment was made, but Peter never attended as he felt that he was satisfied with the progress he made.

Peter came because his mom told him to and therefore he did not identify a specific goal he wanted to work on. However, during the first session it was clear that he wanted things to be better and that he did not want to continue being so anxious. He managed to reduce his anxiety levels significantly as well as increase his happiness during the *pastoral coaching* process.

In addition to achieving these goals he also reduced his alcohol intake, started a new job, changed his living environment, felt better about himself and found ways to deal with his sensitivity to noise.

When Peter came to his first appointment he just experienced a crisis and was subsequently very low. During the third session significant progress was measured, as can be seen in the following comparison table (Table A.4) and graph (Figure A.4) of his initial and end results. Initial scores are in brackets:

Area	Score (0 – 10)
Health	5 (1)
Family relationships	2 (1)
Social relationships	2 (1)
Physical environment	5 (1)
Personal development	9 (1)
Finances	5 (1)
Career	6 (1)
Fun and adventure	3 (1)
Spirituality	4 (1)
Overall	5 (1)

Table A.4. Peter N's comparative results for the Wheel of Life

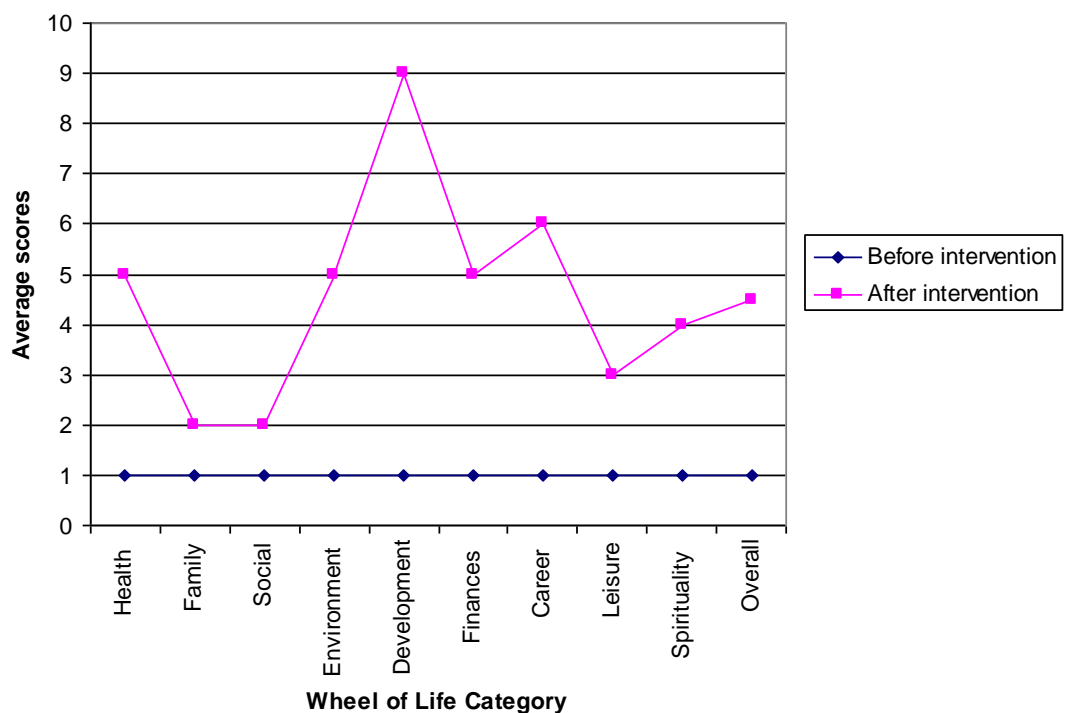


Figure A.4. Peter N's comparative results for the Wheel of Life

It has to be noted that Peter felt too anxious and on edge initially to fill in the Wheel of Life during the first session. When the Wheel of Life was used to assess his situation and future goals in the third session, he was asked to reflect on where he was when he came for his first session. He said that he felt so low at that stage, that he was unable to see a future. Therefore he would have given himself a one in all the various areas. He then filled in the Wheel of Life and scored as above.

These comparative results show that Peter made significant progress during the time he attended *pastoral coaching* at this charity.

No other formal interventions occurred that could have impacted directly on the outcome of the interventions process. He did however start a new job, which may have had a positive impact on him.

Peter has never experienced any other form of intervention to compare this process to. However, he did comment that it made a significant difference to him and said: “90% of what I’ve done during the last three weeks was because of coming here...”

At the end of the intervention process Peter was positive, hopeful and grateful. Peter started a new job and was thus building up a new network with the potential of providing support for him. He also worked on his relationship with his mum.

### **4.3. An analysis of the *pastoral coaching* with Peter N**

#### *4.3.1. What was the overall structure of pastoral coaching with this client?*

During all the sessions it was clear that the overall structure of *pastoral coaching* with Peter was similar to that of solution-focused coaching. Although certain elements were added at various stages of the process, the process still followed a clearly solution-focused coaching outline.

Since the first session was slightly different from the other sessions, its structure is discussed separately:

<b><i>1. Engage with the client first, not the problem</i></b>
--

<i>1.1. Connect with the client</i>
-------------------------------------

<i>1.2. Find out how to face the problem together with the client</i>
---

I engaged Peter in some problem-free talk and established rapport before the session started formally and made an effort to let him feel at ease, cared for and safe. Peter shared his current crisis and felt very emotional. I supported and encouraged him very directly and gave him an opportunity to tell his story and share his feelings.

<b><i>2. Establish what the client wants the outcome to be</i></b>
--

<i>2.1. Find out details of what the client wants</i>
---

<i>2.2. Use the miracle question</i>
--------------------------------------

Peter never stated his overall goals explicitly, but referred to the fact that he wanted to get better.

<b><i>3. Help the client assess progress towards goals</i></b>
--

<i>3.1. Discuss past and recent successes in different social contexts: look for exceptions</i>
---

<i>3.2. What does the client need to do to repeat the exceptions?</i>
---

<i>3.3. Ask many variations of scaling questions</i>
--

<i>3.4. Ask what the next small step is to achieve a desired small change</i>
---

I listened for, and enquired about, possible exceptions to when the problem was happening and asked very detailed questions in order to assess what exactly was going on. These questions helped Peter to gain insight and perspective on his crisis. I listened to him and encouraged him throughout the session and assisted Peter in designing his own action plan and added some suggestions to help give him direction.

<b>4. Give feedback</b>
<i>4.1. Compliment</i>
<i>4.2. Explain why a certain action may be a good idea</i>
<i>4.3. Give suggestions</i>

I gave positive feedback at the end of the session and Peter was also given an opportunity to give feedback on how he experienced the session and how he felt.

The solution-focused coaching outline was also followed during subsequent sessions. As with the previous cases, the second and third steps were swapped during sessions with Peter. The reason for this was to help Peter reflect on his progress first. This gave him hope and perspective on his situation. Once he worked on his overall goal and realised the progress he already made, he was helped to set other small goals for himself. The second and third sessions were thus structured as follows:

<b>1. Engage with the client first, not the problem</b>
<i>1.1. Connect with the client</i>
<i>1.2. Find out how to face the problem together with the client</i>

I established good rapport prior to each session by meeting Peter in the waiting room, being genuinely pleased to see him and engaged in problem-free talk and showing interest in him as we walked to the counselling room. Rapport was thus established before the session started formally. This was maintained through each session by attentive and active listening.

<b>2. Help the client assess progress towards goals</b>
<i>2.1. Discuss past and recent successes in different social contexts: look for exceptions</i>
<i>2.2. What does the client need to do to repeat the exceptions?</i>
<i>2.3. Ask many variations of scaling questions</i>
<i>2.4. Ask what the next small step is to achieve a desired small change</i>

I started each session by asking Peter the solution-focused question. This question gave Peter an opportunity to talk about the progress he had made. This progress was seen as exceptions to when the problem was happening and was explored in more detail. I encouraged and supported him and made suggestions of a possible referral. When Peter felt stuck, I helped him to gain perspective by asking questions, giving suggestions or using scaling questions. He completed the Wheel of Life, during the third session to determine the progress he made as well as other areas of his life he wanted to address.

<b>3. Establish what the client wants the outcome to be</b>
<i>3.1. Find out details of what the client wants</i>
<i>3.2. Use the miracle question</i>

Peter used the Wheel of Life as well as his progress to decide on a new goal he wanted to pursue. He was given an opportunity to design his own action plan.

<b>4. Give feedback</b>
<i>4.1. Compliment</i>
<i>4.2. Explain why a certain action may be a good idea</i>
<i>4.3. Give suggestions</i>

Peter was given an opportunity to give feedback on his experience of the session. I also gave feedback at the end of each session and encouraged him through each session.

This case confirms the proposition that *pastoral coaching* follows a solution-focused coaching structure. Although all the steps of this process are still followed during subsequent sessions, the sequence of these steps has been slightly changed.

#### *4.3.2. What traditional functions of pastoral care were displayed during pastoral coaching?*

Only three of the five traditional functions of pastoral care were evident during the *pastoral coaching* process: *healing*, *sustaining*, *guiding*. This may be explained by the fact that the intervention process came to an abrupt halt when Peter decided after the third session that he actually was very satisfied with his progress and did not need to continue the *pastoral coaching* process. During the third session, Peter referred to his relationship with his mom and that he wanted to work on this relationship. Had the *pastoral coaching* continued, the *reconciliation* function would most probably have been displayed. Peter also started to refer to his future and more emphasis may have been placed on the *nurturing* function, had the process continued. Whatever the case may be, there were only three sessions and by the end of the third session I had clearly sustained and guided Peter. This had led to healing in his life and he was feeling much better than when he initially engaged in the *pastoral coaching* process.

Although this case cannot confirm the proposition that all five traditional functions of pastoral care could be identified during the process of *pastoral coaching*, it does confirm that three functions (*sustaining*, *guiding* and *healing*), would be more evident during the first part of the process. A revised proposition would thus be that *pastoral coaching* usually begins by focusing on the *sustaining* function and that this would be evident during the whole process. I usually provided strong *guidance* during the beginning stages of *pastoral coaching* and together these two functions helped *healing* to take place in the life of Peter. As the *pastoral coaching* continues, more emphasis will be placed on *reconciliation* with the self, other people and God, thus displaying the *reconciliation* function of pastoral care. Lastly *nurturing* also plays a significant role as the client is helped towards fulfilling his/her potential. This gives a sense of wholeness to the client and usually only occurs during the last part of the process.

#### *4.3.3. Can pastoral coaching be identified as one of the classical types of pastoral care?*

*Supportive pastoral care* was again strongly evident during the whole process of *pastoral coaching* as Peter was supported and sustained. This relationship empowered Peter to make significant changes to his life. However, *crisis pastoral care* was also clearly present. This occurred during the first session when it transpired that Peter attempted suicide four days prior to the session. At that stage I changed the intensity of the session and used crisis intervention methods to assist Peter and help to move him out of his crisis. The remaining two sessions built on this foundation and gave support to Peter.

This case thus confirms the proposition that *pastoral coaching* is in essence a form of supportive pastoral care, although it may occasionally also use *crisis* or *educative pastoral care*, depending on the situation.

The four methods that were predicted after the case of Victor C, *gratifying dependency needs*, *objective review of the stress situation*, *changing the life situation* and *encouraging appropriate action* were also consistently visible during the interventions process. The only other method that could be identified was *emotional catharsis*. This occurred during the first session and coincided with the crisis intervention. *Using religious resources* did not occur, even though the Wheel of Life was used. It thus seems as though the Wheel of Life could be made into a religious resource if the particular client wants to use it to discuss his/her personal spirituality. However, this depends on the client's preference.

#### 4.3.4. What were the characteristics of the pastoral coach?

Clinebell's six characteristics of the pastoral counsellor and Collins' five characteristics of an effective life coach were again displayed during the sessions with Peter. These qualities were central to building a relationship of trust in a short period of time with him. This case confirms the proposition that I will display these eleven characteristics. Three additional qualities: *consistent offering of perspective*, *consistent encouragement* and *consistent empowerment*, were also clearly visible in all the sessions.

Only one other characteristic was evident, which was the use of crisis intervention methods. Although closely related to solution-focused coaching, it is a different discipline and requires the use of different methods in crisis situations.

#### 4.3.5. Which distinctive characteristics of the coach/client relationship were displayed during the pastoral coaching sessions?

When this case was analysed against the criteria of elements that would most probably be present in *pastoral coaching*, all six characteristics occurred during the process: *a willingness to walk the extra mile*, *acting as an encourager and cheerleader for Peter*, *valuing Peter for who he is*, *focusing on wholeness and helping Peter to live life to the full*, *using various techniques/tools/methods to achieve this outcome* and *helping Peter to take responsibility for his actions*. It thus seems as though the proposition, that all six characteristics will be displayed during *pastoral coaching*, can be confirmed.

#### 4.3.6. What unique elements were displayed during pastoral coaching that were not part of traditional pastoral care or life coaching?

- Peter was consistently given an opportunity to write his own action plan.
- Peter could consistently give feedback about his experience of the intervention process.
- The Wheel of Life was used to determine his current circumstances, goals for the future, as well as his progress.
- I communicated directly to Peter that I valued him.
- Crisis intervention was utilised.
- I gave suggestions when Peter felt stuck.
- A referral to another agency was made.

It could thus be concluded that *pastoral coaching*, as practised in these sessions, had a solution-focused coaching structure and the character of supportive pastoral care. However, these two disciplines were brought together by being someone who represented God's love, care and comfort to Peter, and then using any means possible to help Peter towards wholeness.

## **5. THE CASE OF GWEN Y**

### **5.1. Background information**

Gwen is a 22-year-old female. She was working as a nurse in a care home for the elderly and worked shifts. Gwen lived in a shared house, but did not get on well with the other residents. She drank a lot and this often got her into arguments or dangerous situations.

Gwen had a fairly stable upbringing and had a good relationship with her mum. She also had a history of self-harm. Her drinking started to become a bigger problem for her during the last few years and she increasingly put herself at risk. She consequently went to another agency a year ago in order to get help for her alcohol addiction. Gwen stopped attending sessions because she felt they could not offer her much more than they did. Recently her drinking was getting more and more uncontrollable and she needed some urgent help. Gwen wanted to "be who she was when she was not drinking". She also wanted to increase her self-confidence and not procrastinate so much. As a result of her drinking, Gwen was frequently at serious risk and needed to see someone as soon as possible. Due to the rapid nature of the brief interventions work, I could see her relatively quickly.

Gwen initially gave the impression of someone who was very quiet and shy and may have been struggling with low self-esteem.

### **5.2. Final outcome**

The whole process was completed within twelve weeks and took six sessions. Gwen's initial goals were to be who she was when she was not drinking and to increase her self-confidence and not procrastinate so much. Gwen managed to achieve all these goals. She felt more authentic and honest since she stopped drinking. As a result she set new goals and achieved them and this increased her self-confidence even further.

In addition to these goals Gwen managed to improve her relationships, change her living environment and felt better about her work and herself.

The progress Gwen made in several areas of her life can clearly be seen in the following comparison table (Table A.5) and graph (Figure A.5) of her initial (in brackets) and end results:

Area	Score (0 – 10)
Health	7 (7)
Family relationships	7 (7)
Social relationships	7 (3)
Physical environment	7 (3)
Personal development	7 (3)
Finances	7 (3)
Career	7 (0)
Fun and adventure	5 (5)
Spirituality	7 (5)
Overall	7 (4)

Table A.5. Gwen Y's comparative results for the Wheel of Life



Figure A.5. Gwen Y's comparative results for the Wheel of Life

These comparative results show that Gwen made significant progress during the time she attended *pastoral coaching* at this charity.

No formal interventions took place during this time that could have contributed directly to the outcome of this intervention. However, she did read specific books that I recommended to stimulate her thinking and she also talked to friends about the changes she made once she decided to stop drinking. This may have had a positive impact on the outcome of the intervention process.

Although Gwen did not compare the *pastoral coaching* to her previous therapeutic experience, she mentioned initially that even though another service helped her to stop drinking, they did not offer her anything else. Therefore she did not return to them. In contrast to that experience, she felt that the intervention at this charity



helped her to make significant changes to her life in various areas and not just the drinking department. She subsequently felt better about her whole life.

Gwen felt more confident and more at ease with herself at the end of the *pastoral coaching* process.

Gwen did not feel supported in her living environment, but by the end of the intervention process she was moving to a different house where she thought she would get more support. She also improved her social relationships.

### **5.3. An analysis of the *pastoral coaching* with Gwen Y**

#### *5.3.1. What was the overall structure of pastoral coaching with this client?*

Overall the sessions with Gwen seemed to follow a solution-focused coaching structure. However, various elements were added at different stages of this process.

The first session was slightly different in structure to the other sessions and is therefore discussed separately:

<b><i>1. Engage with the client first, not the problem</i></b>
<i>1.1. Connect with the client</i>
<i>1.2. Find out how to face the problem together with the client</i>

I initially engaged Gwen in some problem-free talk and established rapport. I endeavoured to let Gwen feel at ease, cared for and safe.

<b><i>2. Establish what the client wants the outcome to be</i></b>
<i>2.1. Find out details of what the client wants</i>
<i>2.2. Use the miracle question</i>

Gwen's overall goals were identified.

<b><i>3. Help the client assess progress towards goals</i></b>
<i>3.1. Discuss past and recent successes in different social contexts: look for exceptions</i>
<i>3.2. What does the client need to do to repeat the exceptions?</i>
<i>3.3. Ask many variations of scaling questions</i>
<i>3.4. Ask what the next small step is to achieve a desired small change</i>

Gwen was given an opportunity to tell her story and share her feelings. I listened for and enquired about possible exceptions to when the problem was happening. When Gwen could not identify any exceptions in the past, I asked the miracle question, a well-known solution focused coaching question. I listened to her and encouraged her throughout the session and helped her to gain perspective on her situation, but did not push her to acknowledge that which was clearly painful to her. I helped her to see that there was hope, by helping her to see various options. However, she did not want to pursue any of these options. She was given an opportunity to design her own action plan, but she did not want to.

<b>4. Give feedback</b>
-------------------------

<i>4.1. Compliment</i>
------------------------

<i>4.2. Explain why a certain action may be a good idea</i>
---

<i>4.3. Give suggestions</i>
------------------------------

I gave positive feedback at the end of the session and Gwen was also given an opportunity to give feedback on how she experienced the session and how she felt.

The solution-focused coaching outline was also followed during subsequent sessions. As in previous cases, the second and third steps were swapped and looked as follows:

<b>1. Engage with the client first, not the problem</b>
---

<i>1.1. Connect with the client</i>
-------------------------------------

<i>1.2. Find out how to face the problem together with the client</i>
---

I established good rapport prior to the session by meeting Gwen in the waiting room, being genuinely pleased to see her and engaged in problem-free talk and showing interest in Gwen as we were on our way to the counselling room. Rapport was thus established before the session started formally. This was maintained through each session by attentive and active listening.

<b>2. Help the client assess progress towards goals</b>
---

<i>2.1. Discuss past and recent successes in different social contexts: look for exceptions</i>
---

<i>2.2. What does the client need to do to repeat the exceptions?</i>
---

<i>2.3. Ask many variations of scaling questions</i>
--

<i>2.4. Ask what the next small step is to achieve a desired small change</i>
---

I always started with the solution-focused question. This question gave Gwen an opportunity to talk about the progress she made. These exceptions were explored further. However, when she could not think of any exceptions to when the problem was happening, I explored how her life was before the problem occurred and helped her to realise exceptions in this way. She was given an opportunity to tell her story. I acknowledged disappointment and successes and encouraged and supported her. When Gwen felt stuck, I introduced the Wheel of Life to open up new possibilities for her. I also used motivational interviewing techniques, a new instrument for “behaviour change” (adapted from Robbins, 1991), a “value elicitation” exercise (Robbins, 1991) and some very direct questions to help her gain perspective and insight. This helped her to make important decisions about her life. I valued Gwen and therefore respected her decisions. However, I ensured that she was aware of the consequences of her actions. She was helped to deal with her emotions regarding her behaviour, once she connected with her feelings. I suggested some tasks to help her find direction and she was given an opportunity to design her own action plan. At the end of the intervention process the Wheel of Life was used to assess the progress Gwen made. By reflecting on this, she was encouraged.

<b>3. Establish what the client wants the outcome to be</b>
---

<i>3.1. Find out details of what the client wants</i>
---

<i>3.2. Use the miracle question</i>
--------------------------------------

I encouraged and supported her and helped her to identify key learning outcomes and used this to motivate further action. Gwen identified her goal for the future and why she wanted to achieve it.

<b>4. Give feedback</b>
4.1. Compliment
4.2. Explain why a certain action may be a good idea
4.3. Give suggestions

Gwen was given an opportunity to give feedback on her own experience of each session. I also gave feedback at the end of each session and encouraged her throughout the process. I furthermore suggested books to help her gain more perspective on her situation and address some of the questions she asked. This task focused on her strengths.

This case thus confirms the proposition that *pastoral coaching* follows a solution-focused coaching structure.

#### 5.3.2. What traditional functions of pastoral care were displayed during pastoral coaching?

All five traditional functions of pastoral care were evident during the *pastoral coaching* process. The *sustaining* function was visible during the whole process as Gwen was supported. *Guidance* also played a significant role during the first five sessions as I helped Gwen to gain perspective and make important choices. This helped her to move beyond her previous state and thus *healing* took place. However, this only started to occur by the fourth session when I managed to help Gwen to connect with her emotions. This opened the door for the *reconciling* function to also take place. During the fourth session, she was reconciled with herself. This spread to other people and during the fifth session her relationships with significant others were discussed. In the sixth session, *guidance* was no longer strongly visible. However, Gwen was helped to think about her future and how to fulfil her potential. Subsequently the *nurturing* function was displayed.

This case confirms the proposition that all five traditional functions of pastoral care could be identified during the process of *pastoral coaching*. It also confirms that *sustaining*, *guiding* and *healing* would be more evident during the former stages, while *nurturing* and *reconciling* would be more visible during the latter stages. This case clearly illustrated how more emphasis was placed on the latter functions towards the end of the interventions process, while *guidance* got less at the end. The *sustaining* function, however, was evident through the whole process.

#### 5.3.3. Can pastoral coaching be identified as one of the classical types of pastoral care?

Only two classical types of pastoral care could be identified during the intervention process with Gwen. *Supportive pastoral care* was evident in each session, while elements of *educative pastoral care* could be distinguished only in as far as the fact that I recommended specific books to help Gwen progress.

This case thus confirms the proposition that *pastoral coaching* is in essence a form of *supportive pastoral care*, although it will occasionally also make use of either *crisis* or *educative pastoral care*.

Out of the possible seven methods of supportive pastoral care, four were evident during the whole process. These four methods were evident in all four sessions of the interventions process: *gratifying dependency needs*, *objective review of the stress situation*, *changing the life situation* and *encouraging appropriate action*.

During this intervention, elements of two other supportive pastoral care methods were also displayed:

In the first session Gwen's *ego's defences were aided* by not forcing her to make the connection between her drinking and her behaviour. To acknowledge that she had to change her drinking patterns if she wanted to change the situation she found herself in was too painful for her at that stage. I subsequently only supported her. During the fourth session, however, I asked her a number of direct questions that forced her to acknowledge the full extent of her behaviour and the consequences thereof. This helped her to connect with her feelings and subsequently I assisted her in experiencing *emotional catharsis*. I took these steps only when I felt that she would not become unstuck, unless she was confronted directly. This was only possible due to the strong relationship of trust that existed between us at that stage.

This case confirms the proposition that *pastoral coaching* will mostly make use of four methods of pastoral care: *gratifying dependency needs*, *objective review of the stress situation*, *changing the life situation* and *encouraging appropriate action*. The other three methods of supportive pastoral care may occasionally be used to enhance the process.

#### *5.3.4. What were the characteristics of the pastoral coach?*

Clinebell's (1984) six characteristics of pastoral counsellors and Collins' (2001) five characteristics of effective life coaches were again displayed during the *pastoral coaching* process. This case thus confirms the proposition that I will display all eleven qualities of both pastoral counsellors and effective life coaches during the process of *pastoral coaching*. In addition to these characteristics I consistently displayed the *offering of perspective* to Gwen, *encouraging and supporting* her and thus being generally very motivational in my approach. I furthermore consistently *aimed to empower* her to take responsibility for her own life and take action on what was discussed during sessions.

I also displayed a number of other characteristics at various stages during the interventions process:

On two separate occasions I tapped into Gwen's strengths, which was reading, and subsequently recommended books that eventually helped her to move beyond her previous state of feeling stuck. These books were instrumental in the changes she made to her life and helped her to gain the perspective that eventually helped her to change her life.

#### *5.3.5. Which distinctive characteristics of the coach/client relationship were displayed during the pastoral coaching sessions?*

During this interventions process the relationship between Gwen and myself played a significant role in the progress she made. Because Gwen trusted me, I was in a position to ask direct questions that confronted Gwen with the consequences of her

own behaviour. This helped her to realise what she was doing. This happened in a safe environment and I then followed this up with emotional comfort and extra input (recommended books) that helped her to move beyond her previous state. In this way I assisted *healing* to take place in her. I thus took on the role of an “older sibling” by comforting her and guiding her, but also helping her to take responsibility for her life. The six characteristics of the *pastoral coaching* relationship were displayed as follows:

- i. Willingness to walk the extra mile.* I consistently supported and motivated her and recommended books that she could read between sessions in order to help her become unstuck.
- ii. Acting as encourager and cheerleader for Gwen.* Through every session and especially at the end of sessions, I made sure that I encouraged her.
- iii. Valuing Gwen for who she was.* I often mentioned to Gwen that I valued her. Subsequently she was helped to realise what she valued in life and to connect more with this. As a result she started to value herself more as well. Even when I did not agree with Gwen’s actions, I still valued her as person and made sure that she realised that I continued to support her.
- iv. Focusing on wholeness and helping Gwen to live life to the full.* I helped Gwen to align her values and behaviour with each other. This led to her stopping her drinking habits, which helped her to take more action on her goals. In turn this increased her happiness and her sense of fulfilment in life.
- v. Using various techniques/tools/methods to achieve this outcome.* I used recognised life coaching methods, traditional pastoral care methods and methods from other therapies in order to assist, encourage and inspire Gwen.
- vi Helping Gwen to take responsibility for her actions.* I continuously encouraged Gwen to write action plans that were appropriate to her. When these action plans did not help her to progress beyond her state of feeling trapped, I assisted her in reviewing her values. This gave her perspective and served to motivate her to take responsibility for her life. Subsequently she made many changes to her life.

*5.3.6. What unique elements were displayed during pastoral coaching that were not part of traditional pastoral care or life coaching?*

- Gwen was consistently given an opportunity to write her own action plan.
- She could consistently give feedback about her experience of the intervention process.
- The Wheel of Life was used to determine her current circumstances, goals for the future, as well as her progress.
- Specific questions were asked to help her realise that she had options available to her.
- Motivational interviewing was used to help her gain perspective and make a decision.
- Books were recommended on topics that she would find helpful.
- The “behaviour change” exercise was introduced.
- The “value elicitation” exercise was used.

It could thus be concluded that *pastoral coaching* as practised in these sessions, had a solution-focused coaching structure and the character of supportive pastoral care. The relationship between Gwen and myself clearly played an important part in this

intervention. As a result of this relationship and the rapport between coach and client, I was enabled to confront Gwen with her behaviour and help her to change her life. I used various tools and techniques during this process in order to confront Gwen, but also help her to experience healing.

## **6. THE CASE OF WILLIAM F**

### **6.1. Background information**

William is a 41-year-old male. He had a very stable upbringing and worked in his business since a young age and was extremely successful and enjoyed sports and socialising. He had not faced any major issues in his past and did not have any previous therapeutic interventions.

However, William started experimenting with different substances a number of years ago and used cocaine every weekend. He was very concerned about his increased use of cocaine and felt unable to stop using it. He subsequently wanted to find a solution.

William had a relatively strong self-esteem and scored low on anxiety and depression tests. He did not present with any other significant or underlying issues, but felt that he was unable to stop using cocaine. Since he wanted immediate help with the presenting issue, it was felt that brief interventions work would be the most suitable option for him.

William gave the initial impression of someone who was very self-confident, well-educated and used to the best.

### **6.2. Final outcome**

The whole process was completed within ten weeks and took six sessions. William's initial goal was to find a solution to his cocaine use. He managed to stop using cocaine totally.

In addition to achieving this goal, he also managed to improve his life balance and felt more fulfilled and happier as a result. His relationships also improved as well as his health. He had more energy and even managed to cut down on his alcohol intake. He felt more connected, confident and content as a result of the *pastoral coaching*.

The progress William made in several areas of his life can clearly be seen in the following comparison table (Table A.6) and graph (Figure A.6) of his initial (scores in brackets) and end results:

Area	Score (0 – 10)
Health	8 (7)
Family relationships	8 (7)
Social relationships	8 (7)
Physical environment	9 (10)
Personal development	5 (3)
Finances	10 (10)
Career	9 (9)
Fun and adventure	4 (4)
Spirituality	4 (2)
Overall	7 (6.5)

Table A.6. William F's comparative results for the Wheel of Life

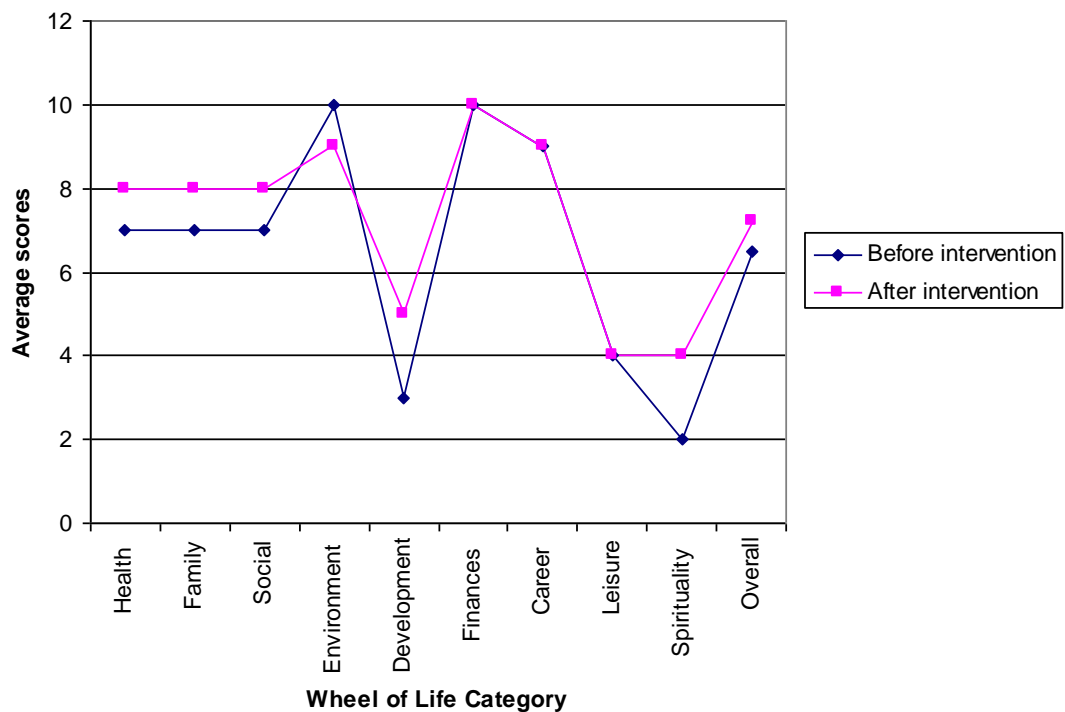


Figure A.6. William F's comparative results for the Wheel of Life

These comparative results show that William made significant progress during the time he attended brief intervention work at this charity.

William did not have any other formal interventions that could have impacted directly on the outcome of the *pastoral coaching* process. However, he did read a book that I recommended that helped him to implement certain changes and may have contributed to the outcome of the intervention process.

William had no other interventions to compare the *pastoral coaching* to. However, he found the experience extremely positive and helpful and did not only achieve the goals he set for himself, but achieved a lot more.

William left the *pastoral coaching* feeling happier than he was before the intervention process. He felt more connected to his family and spent more time with them. They thus acted as a support network for him. In addition he also appointed some extra people at work to help him with his workload and he put a strategic plan in action to free up more of his time at work.

### **6.3. An analysis of the *pastoral coaching* with William F**

#### **6.3.1. What was the overall structure of *pastoral coaching* with this client?**

Overall the sessions with this client seemed to follow a solution-focused coaching structure. However, various elements were added at different stages of this process.

The first session was slightly different in structure to the other sessions and is therefore discussed separately:

<b>1. Engage with the client first, not the problem</b>
---

1.1. Connect with the client
------------------------------

1.2. Find out how to face the problem together with the client
--

I engaged in some problem-free talk and established rapport with William at the beginning of the session and matched his approach by explaining the process in a straightforward manner.

<b>2. Establish what the client wants the outcome to be</b>
---

2.1. Find out details of what the client wants
--

2.2. Use the miracle question
-------------------------------

William's overall goals were identified.

<b>3. Help the client assess progress towards goals</b>
---

3.1. Discuss past and recent successes in different social contexts: look for exceptions
--

3.2. What does the client need to do to repeat the exceptions?
--

3.3. Ask many variations of scaling questions
---

3.4. Ask what the next small step is to achieve a desired small change
--

William was given an opportunity to tell his story. I listened for, and enquired about, possible exceptions to when the problem was happening. When William could not identify any specific way in which the exceptions took place, I explored his current situation further to find out when the problem was occurring. I listened for solutions by investigating the exact circumstances of the problem and helped William to gain perspective on his situation by helping him to realise that he saw his cocaine habit as an escape. I helped him to think how he could approach his situation if he saw it differently. This helped him to identify different options. I listened to him and encouraged him throughout the session. I gave William the opportunity to design his own action plan.

<b>4. Give feedback</b>
-------------------------

4.1. Compliment
-----------------

4.2. Explain why a certain action may be a good idea
--

4.3. Give suggestions
-----------------------



I gave positive feedback at the end of the session and William was given an opportunity to give feedback on how he experienced the session.

The solution-focused coaching outline was also followed during subsequent sessions. As in previous cases, the second and third steps were swapped and looked as follows:

<b><i>1. Engage with the client first, not the problem</i></b>
<i>1.1. Connect with the client</i>
<i>1.2. Find out how to face the problem together with the client</i>

I connected with William before the session started formally and established good rapport by meeting him in the waiting room, being genuinely pleased to see him and engaged in problem-free talk and showing interest in him. This was maintained through each session by attentive and active listening.

<b><i>2. Help the client assess progress towards goals</i></b>
<i>2.1. Discuss past and recent successes in different social contexts: look for exceptions</i>
<i>2.2. What does the client need to do to repeat the exceptions?</i>
<i>2.3. Ask many variations of scaling questions</i>
<i>2.4. Ask what the next small step is to achieve a desired small change</i>

Each session started with the solution-focused question and gave William an opportunity to talk about the progress he made. I acknowledged disappointment and encouraged successes and solutions. The exceptions he identified were explored in more detail. I helped him to learn from these exceptions and to be motivated by what he had done already. I helped him to gain more perspective on his situation by asking questions and introducing new information to explain certain behaviour. William gained some insight into the reasons for his behaviour. In order to emphasise his new learning and to help William realise what he needed to do next, I introduced the Wheel of Life. The Wheel of Life was used again at a later stage in the interventions process to emphasise his learning as well as set new goals. When William felt stuck, I used stories of other people to give him extra information. He was assisted in realising the importance of extra support.

<b><i>3. Establish what the client wants the outcome to be</i></b>
<i>3.1. Find out details of what the client wants</i>
<i>3.2. Use the miracle question</i>

I encouraged and supported William and helped him to identify key learning outcomes. He was helped to set new goals for himself and was given an opportunity to design his own action plan.

<b><i>4. Give feedback</i></b>
<i>4.1. Compliment</i>
<i>4.2. Explain why a certain action may be a good idea</i>
<i>4.3. Give suggestions</i>

William was given an opportunity to give feedback on his own experience of the session. I gave feedback at the end of each session and encouraged him throughout each session. I also recommended a book and made some practical suggestions and helped him to focus on his strengths.

This case confirms the proposition that *pastoral coaching* follows a solution-focused coaching structure.

### 6.3.2. *What traditional functions of pastoral care were displayed during pastoral coaching?*

All five traditional functions of pastoral care were evident during the *pastoral coaching* process. I supported William through the whole process and the *sustaining* function could be clearly identified. *Guidance* also played a significant role during the first three sessions as I helped William to gain insight into his own situation and behaviour. This helped him to progress beyond his previous state and thus *healing* played an important role during the whole process. During the third, fourth and last sessions, the *reconciling* function was evident as William focused on his relationships at home as well as work. *Nurturing* took place during the last two sessions as William worked more on living a fulfilled life.

This case thus confirms the proposition that all five traditional functions of pastoral care could be identified during the process of *pastoral coaching*. It also confirms that *sustaining*, *guiding* and *healing* would be more evident during the former stages; while *nurturing* and *reconciling* would be more visible during the latter stages. This case clearly illustrated how more emphasis was placed on the latter functions towards the end of the interventions process, while *guidance* got less at the end. The *sustaining* function was, however, evident through the whole process.

### 6.3.3. *Can pastoral coaching be identified as one of the classical types of pastoral care?*

Only two classical types of pastoral care could be identified during the intervention process with this client. *Supportive pastoral care* was evident in each session, while elements of *educative pastoral care* could be distinguished during sessions two and three. In these sessions, I made use of extra information to educate William on his own behaviour as well as open up new options for him. I furthermore recommended a book to accelerate the learning of William between sessions.

This case confirms the proposition that *pastoral coaching* is in essence a form of *supportive pastoral care*, although it will occasionally also make use of either *crisis* or *educative pastoral care*.

Out of the possible seven methods of supportive pastoral care, only four methods were evident during the whole process: *gratifying dependency needs*, *objective review of the stress situation*, *changing the life situation* and *encouraging appropriate action*.

No other methods were displayed. During the fourth session William reported a disappointment during the previous week. Usually this may have resulted in emotional catharsis. However, William was able to systematically deal with it by learning from his mistakes and looking for exceptions to when the problem was happening.

This case confirms the proposition that *pastoral coaching* will mostly make use of four methods of pastoral care: *gratifying dependency needs*, *objective review of the stress situation*, *changing the life situation* and *encouraging appropriate action*. The

other three methods of supportive pastoral care may occasionally be used to enhance the process, although this was not the case with this client.

#### *6.3.4. What were the characteristics of the pastoral coach?*

Clinebell's (1984) six characteristics of pastoral counsellors, as well as Collins' (2001) five characteristics of effective life coaches were again evident. Thus the proposition that all eleven these qualities will be present during the *pastoral coaching* process is confirmed. In addition, I consistently displayed the following characteristics: *offering perspective to William, encouraging and supporting him* and thus being generally very motivational in my approach. I also consistently *aimed to empower* him to take responsibility for his own life and take action on what was discussed during sessions.

One other characteristic was also displayed: *expanding the horizons of William*. However, on both occasions where this was the case it coincided with the use of *educative pastoral care* methods. This extra information, as well as the recommended book was instrumental in the changes William made to his life during the interventions process.

#### *6.3.5. Which distinctive characteristics of the coach/client relationship were displayed during the pastoral coaching sessions?*

The relationship between William and myself was again instrumental in this case. I established strong rapport with him early in the relationship by matching him and being sensitive to what he wanted. During the rest of the process, I built on this relationship of trust and when William felt stuck and did not know what to do next I provided new insights and direction. However, instead of telling William what to do, I empowered him by providing him with perspective and insight and subsequently, options. William was thus empowered to make his own decisions, while feeling supported. In this case the relationship could again be described as that of an "older sibling".

The six characteristics of the *pastoral coaching* relationship were displayed as follows:

- i. Willingness to walk the extra mile.* I consistently supported, motivated and encouraged William and recommended a book that could accelerate his development between sessions. When William asked for more sessions at the end of the interventions process, I offered this to him, even though he already achieved all his goals. After this session, however, William decided not to continue with the process as he felt very satisfied with the outcome and strong enough to continue on his own.
- ii. Acting as encourager and cheerleader for William.* Through every session and especially at the end of sessions, I made a point of encouraging William.
- iii. Valuing William for who he was.* I valued and respected William as person and displayed this in the way I worked with him as well as doing everything I could to help him progress.
- iv. Focusing on wholeness and helping William to live life to the full.* I helped William to gain insight into his behaviour and what was preventing him from living a more fulfilled life. During the *pastoral coaching* William changed from using finances as a measure of success to thinking of fulfilment and happiness as a way of measuring success. By the end of the interventions process William was much more

satisfied with his life as a whole than before and improved several areas of his life as a result of the intervention.

*v. Using various techniques/tools/methods to achieve this outcome.* I used recognised life coaching methods, traditional pastoral care methods and methods from other therapies in order to assist, encourage and inspire William.

*vi Helping William to take responsibility for his actions.* I continuously encouraged William to write action plans that were appropriate to him and offered perspective on his situation. This empowered him to take responsibility for his own behaviour.

*6.3.6. What unique elements were displayed during pastoral coaching that were not part of traditional pastoral care or life coaching?*

- William was consistently given an opportunity to write his own action plan.
- He could consistently give feedback about his experience of the intervention process.
- The Wheel of Life was used to determine his current circumstances, goals for the future, as well as his progress.
- Specific questions were asked to help him gain insight into his situation.
- I did not use solution-focused methods when he could not identify exceptions, but instead explored the current situation in more detail and then explored William's motives in more detail. This combination helped William to gain insight.
- Stories were told to increase his options.
- Books were recommended on topics that he would find helpful.
- He was allowed the opportunity to learn from his own experience by contrasting exceptions to the problems and the subsequent consequences
- I encouraged and supported him and helped him to identify key learning outcomes.

It could thus be concluded that *pastoral coaching* as practised in these sessions, had a solution-focused coaching structure and the character of supportive pastoral care. The relationship between us clearly played an important part in this intervention and the extra information I gave to William empowered him to take responsibility for his own actions. This empowered him and led to him feeling happier and more fulfilled with his life in general. Without ever focusing on spirituality William experienced an increase in satisfaction with this aspect of his life. This is especially significant as this was the only area in which he had a 100% improvement and thus demonstrates the pastoral aspect of this type of intervention.

## APPENDIX B ETHICS APPROVAL



Anglia Ruskin  
University

Cambridge & Chelmsford

Chelmsford Campus  
Bishop Hall Lane  
Chelmsford  
CM1 1SQ

T: 0845 271 3333  
Int: +44 (0)1245 493131  
www.anglia.ac.uk

20 May 2010

Dear Barend

### Application for ethics approval

Project Code	RESC035
Title	Pastoral Care and Life Coaching: Exploring the contribution life coaching could make to The Matthew Project's ministry of pastoral care
Principal Investigator	Barend Jacobus Beukes

Thank you for supplying revisions to your ethics application in consultation with your Sponsor Naomi Lundgren and Julie Scott, Research Ethics and Training Manager.

The Chair of Research Ethics Sub-Committee (RESC), acting on behalf of the Committee, has now agreed to grant ethical approval for your research **subject to the receipt of a hard copy of the Matthew Project letter**. Under the terms of Anglia Ruskin University's *Policy and Code of Practice for the Conduct of Research with Human Participants* approval is for a period of three years from 18 May 2010

It is your responsibility to ensure that you comply with Anglia Ruskin University's Policy and Code of Practice for Research with Human Participants and specifically:

- The procedure for submitting substantial amendments to the committee, should there be any changes to your research. You cannot implement these changes until you have received approval from RESC for them.
- The procedure for reporting adverse events and incidents.
- The Data Protection Act (1998) and any other legislation relevant to your research. You must also ensure that you are aware of any emerging legislation relating to your research and make any changes to your study (which you will need to obtain ethical approval for) to comply with this.
- Obtaining any further ethical approval required from the organisation or country (if not carrying out research in the UK) where you will be carrying the research out. Please ensure that you send the RESC Secretary copies of this documentation.
- Any laws of the country where you are carrying the research out (if these conflict with any aspects of the ethical approval given, please notify RESC prior to starting the research).
- Any professional codes of conduct relating to research or research or requirements from your funding body (please note that for externally funded research, a project risk assessment must have been carried out prior to starting the research).
- Notifying the RESC Secretary when your study has ended.

Information about the above can be obtained on our website at:

<http://web.anglia.ac.uk/anet/rdcs/ethics/index.phtml>

Please also note that your research may be subject to random monitoring by the committee.

Please be advised that, if your research has not been completed within three years, you will need to apply to our Research Ethics Sub-Committee for an extension of ethics approval prior to the date your approval expires. The procedure for this can also be found on the above website.

Should you have any queries, please do not hesitate to contact me. May I wish you the best of luck with your research.

Yours sincerely



Beverley Pascoe  
Executive Secretary, Research Ethics Sub-Committee

T: +44 (0)1245 493131, ext 4211  
F: +44 (0)1245 684212  
E: [Beverley.pascoe@anglia.ac.uk](mailto:Beverley.pascoe@anglia.ac.uk)

cc Naomi Lundgren  
Dr David Skinner  
Dr David Lyall  
Lorraine Shotliff

**APPENDIX C**  
**PROFESSIONAL DOCTORATE STAGE 1A**

**PRACTICAL THEOLOGY AND LIFE COACHING:**  
*Developing Pastoral Coaching within a Christian value-driven organisation*

**Professional Doctorate in Practical Theology**  
**Literature Review (Stage 1A)**

**July 2007**

*Barend Jacobus Beukes*  
*Student no. 0613489/1*

**Anglia Ruskin University**

## **Introduction**

To begin exploring the possible link between life coaching and practical theology, this literature review has been divided into two parts.

The first part of this paper focuses on the professional context in which this study will take place in order to show why this research should be regarded as a *professional* doctorate. The specific work environment as well as the various disciplines that need to be taken into consideration to complete the research will therefore be discussed in the first part (1-3).

The second part of this paper (4-5) focuses on the specific contribution practical theology can make to find a solution to the problem that arises out of the professional context. This part would therefore like to answer why this research should be in the field of *practical theology* and not in a different science, like life coaching or psychology.

### **1. Understanding the context in which this study will take place**

Charity X was established in the 1980s by James Tyler to help young people struggling with drug addiction. It was started as a Christian project and although it has evolved and expanded in its approach, it remains a project with a Christian ethos. It could therefore be described as a *Christian value-driven organisation*.

There are several departments within Charity X: Counselling and support, Criminal justice, Youth (responsible for the education of young people regarding drug use) and CY (counselling of young people with drug-related problems). The writer is based in the Counselling and support team and therefore this department will form the specific context from which this study will be undertaken.

This team provides counselling and psychotherapy for people with problems related to substance misuse – this includes users as well as their friends or families. The counselling and support team has recently also started to do Life coaching within the context of Brief Interventions Therapy. Since the writer is the Brief Interventions worker, this specific area of Charity X will form the focus of this research.

### **2. Stating the problem this Research would like to address**

#### **2.1. Brief Interventions Therapy**

Charity X has been using counselling to work with drug and alcohol addicts for more than 20 years and since 2003 psychotherapy has also been employed. Both these approaches are long term in nature and focus mostly on how the past has shaped the present (Hall, 2005, p.62).

During a conversation (31 January 2006) with Peter Young, the director of Charity X, it became clear that this charity would – in addition to their long-term work – also like to work with clients over a shorter period of time in order to help them move towards their preferred futures and reduce future pathology.



In his work on brief pastoral counselling, Howard Stone (2001, p.6-7) says that various recent research has shown that short term therapy is just as effective as longer term work, but achieves positive outcomes in a shorter period of time. Research also shows that the most improvement takes place early in the counselling relationship (Stone, 2001, p.17) and that the majority of contemporary counselling is short-term in nature (Stone, 2001, p.5).

According to Stone it is not necessary to get to the “root cause” of issues that clients struggle with (2001, p.8), but that clients should rather be helped to “start moving in a positive direction” (2001, p.16). Further change could be achieved by encouraging clients to set goals (Stone, 2001, p.55). Frank Thomas (in Stone, 2001, p.143) also said that research supports the notion that goal setting helps to make counselling more effective. This apparent effectiveness of short term interventions and value of goal setting has led to Charity X’s decision to employ a brief interventions worker. It was decided that the aim of this post would be to help clients to start moving in a positive direction in six sessions or less. This is in accordance with Stone’s view (2001, p.5) “that counselors spend on average only five to six hours counseling most individuals or families”. Higgins-Biddle and Babor (1996, p.4) sees brief interventions as being done in a similar amount of time, with no more than three to five sessions.

An approach that is currently widely being used in the treatment of people with substance misuse problems is solution-focused brief therapy (Lawton Barry, 1999). This type of work focuses mostly on present concerns and preferred futures, instead of past issues. Helping clients to set specific goals is particularly useful, especially if a client's treatment plan is divided into smaller, measurable outcomes. These “small steps” allows the client to experience a small accomplishment that often leads to clients returning for more successes (Lawton Barry, 1999). By addressing other significant life problems, clients are helped by the solution-focused therapist to also reduce their substance misuse (Lawton Barry, 1999). By focusing more on competence than pathology clients are being empowered to move towards change in a shorter period of time than using traditional psychotherapy (Giorlando and Schilling, 1996).

## **2.2. Life Coaching**

Another approach, in addition to solution-focused brief therapy, that focuses more on the present and especially the future rather than the past, is life coaching (McCluskey, 2000, p.20). Coaching also works with the principle that a small change may create momentum in other life areas as a result (Robbins, 1991, p.128). Therefore life coaching has the ability to help clients move forward by helping them to set goals (Martin, 2001, p.20).

Life coaching has the further advantage that it focuses specifically on helping people to become more balanced in their lives (Martin, 2001, p.10) and therefore also more effective (Creswell, 2006, p.117). Coaching can be distinguished from therapy by looking at its focus, i.e. goal accomplishment, instead of the resolution of pathology (Bloom, Castagna and Warren, 2004). Given that Dictionary.com defines pathology as “any deviation from a healthy, normal, or efficient condition”, it could be argued that although coaching does not aim to *resolve* pathology, it does aim to *reduce*

pathology in the future by helping people to become more balanced, effective and healthy. These goals are being achieved by supporting people in general life situations, helping them to improve their performance and creating desirable results (Starr, 2003, p.11).

According to Starr (2003, p.11) life coaching would be appropriate in the following situations: putting together a life plan, understanding aims and goals, finding ways to reduce stress, building a life/work balance that fulfils people, improving someone's ability to relate to others, improving self-awareness, improving self-discipline and motivation and improving health and well-being routines. It seems therefore as though life coaching aims to help people improve their lives and therefore reduce possible future pathology. Thus, it is clear that life coaching would fit in well with the philosophy of brief interventions therapy. Therefore it was decided that the brief interventions worker should also be qualified in coaching (Brief Interventions worker – job advertisement, April 2006).

### **2.3. Working with drug and alcohol addicts**

Although the aim of coaching within Charity X would be to work specifically with people struggling with substance misuse problems in some form, life coaching literature does not see this group as people who would engage successfully with a coach.

According to Ruth Ledesma (2001, p.85) many of the people who come for coaching do so because they are not fully satisfied with the direction of their lives, although some clients are fairly content with their lives, they feel that there must be more “out there”. Jane Creswell (2001, p.15) agrees with this view by saying that coaching assumes health, while Collins (2001, p.18) reckons that people who seeks coaching would like to get more out of life in general. It appears therefore as if life coaching is aimed at people who are already effective, in order to make them even more effective (Creswell 2001, p.117).

Since the root of coaching is in business management (Zeus and Skiffington, 2002, p.7), it could easily lead to the assumption that coaching should only be done with executives or other well-balanced people. Cristopher McCluskey (2000, p.20) actually says that coaching should start from “a place of stable functioning”. It is subsequently no wonder that Julie Starr (2003, p.12) wrote in *The Coaching Manual* that some of the situations a coach should avoid include “on-going dependency on Class A drugs... [and] significant drink problems...” Curly Martin (2001, p.17) adds to this statement when she tries to make it clear which clients would be most suitable for coaching: “Life coaching does not deal with disease of the body or mind. It does help with clients’ dis-ease, unease or dissatisfaction”. Martin (2001, p.20) is of the opinion that coaching is not about interventions, but about goal setting and achievement. According to these statements in life coaching literature, clients of Charity X should not even be considered as suitable candidates for coaching.

However, in his ground-breaking work on Christian coaching, Gary Collins (2001, p.16) provides the following definition of coaching: “At its core, coaching is the art and practice of guiding a person or group from where they are toward the greater competence and fulfilment that they desire”. Although this definition also implies

that people who come for coaching will already have a degree of competence, it does not exclude any individual or group. It could therefore be argued that people who struggle with problems related to substance misuse, which would like to move towards their preferred goals, also fit the criteria for coaching. According to Martin (2001, p.9) a life coach should help clients to identify and remove the “interference” that is keeping them from achieving their goals. This “interference” as Martin puts it, could thus also be clients’ substance misuse problems. By assisting clients to remove these obstacles, they could be helped to work towards achieving their goals (Martin, 2001, p.20), which is client-led and could therefore also be to achieve a healthy or substance-free life.

One recent study in the USA that was done with children from father-absent homes who were coached in life skills, character development and spiritual values, showed that they experienced a significant drop in various problems, including drug abuse (Collins, 2001, p.236).

Although life coaching could therefore be used with people who suffer from current substance misuse issues, like clients of Charity X, coaching could also be used to prevent or help reduce future risks or pathology, by focusing on the achievement of greater competence or fulfilment. Since harm minimisation as well as the prevention of pathology are at the core of the work of Charity X, it could be concluded that the clients of Charity X might indeed be seen as suitable for coaching.

#### **2.4. A Christian value-driven organisation**

Charity X is a charity that is based on a Christian ethos. This means that the organisation is built on Christian values and therefore it could be regarded as a Christian value-driven organisation.

George Ramsey, manager of the counselling and support team of Charity X, stated during a conversation (1 November 2006) that Charity X should actually be using a method with clients that is in line with – or based on – our Christian values. This is in contrast with the methods that are currently employed within the counselling and support team, since counselling could be regarded as based on humanistic principles.

According to Gary Collins (2001, p.14) it is very important to know the philosophical foundations of the counselling method that is being used, otherwise a counsellor could use a model that is based on a philosophy that contradicts their values and beliefs, since values are always implicitly present during counselling (Billings in Willows and Swinton, 2000, p.141). Although Charity X has been founded on Christian values and still acts in accordance with these values in their business, the therapeutic work being done by the counselling and support team is not based on these values, but rather on humanistic psychology. Paul Bellamy (in Ballard, 1986, p.95) believes that humanistic psychology is unacceptable as a basis for counselling in a Christian context, since existential humanism undergirds this system and could therefore be regarded as hostile to fundamental Christian beliefs and practices. Since the focus of this study is brief interventions work and more specifically coaching as the method being used, it is important to know the underlying theory that life coaching is based on in order to determine whether the

philosophy on which life coaching is based, is in accordance with the Christian values of Charity X.

According to Bowsher (2005, p.25) life coaching has “human-potential movement roots”, while Zeus and Skiffington (2002, pp.8-10) discuss humanism, existentialism, eastern influences and constructionism under the heading: “The philosophical underpinnings of coaching...” It appears therefore as if the philosophy of the life coaching that is currently being used in Charity X cannot be regarded as Christian – in fact, it could be seen as contradictory to Christian values and beliefs (Bellamy in Ballard, 1986, p.95). Hence it could be argued that the coaching that is presently being done in Charity X is not based on, or in accordance with, the Christian values that this project is driven by. Therefore a different model of coaching, that is built on and acts in accordance with Christian values should be considered as a possible method to be used by Charity X’s brief interventions worker.

Given that Charity X has decided to do life coaching within the context of brief interventions therapy and since they are trying to incorporate their Christian values within the therapy that is being done with clients, it seems appropriate to look for a model that could combine these qualities, i.e. Christian coaching.

### **3. Christian coaching**

#### **3.1. Defining Christian coaching**

Gary R Collins (2001, pp.20-22) identifies four principles that distinguish Christian coaching from life coaching:

1. Christian coaching is based on a biblical worldview, where God – and not human ingenuity – is at the core of people’s lives. In other words, Christian coaching does not “*look inside*” to find values, purpose and vision, but realise that these concepts are God-given and therefore ultimate fulfilment could only be found if someone is living in accordance with God’s plans.
2. The identity of the coach as a Christian sets it apart from normal life coaching.
3. Christian coaching knows that no-one can be completely neutral. Although people are encouraged to set their own goals and directions, Jesus’ command to make disciples cannot be ignored.
4. The Christian coach is not reluctant to discuss spiritual issues and prays regularly for their clients.

It is clear that the worldview and identity of the coach plays a central role in defining coaching as being Christian or not. Judy Santos (in Collins, 2001, p.195) also states that it is her identity as a Christian that defines her coaching as being Christian. It seems therefore as though it is the identity and worldview of the coach and not the philosophy or basis on which the coaching is built that defines it as Christian coaching or secular life coaching.

Daniël Louw (1999, p.428), however, asks whether pastoral therapy should be more than just psychotherapy practiced within a Christian faith context. According to this question, it could also be argued whether Christian coaching should be more than life

coaching being done by Christians or within a Christian context. This is echoed by Collins (1993, pp.246-247) when he speaks about Christian counsellors: "...in practice the actual counseling becomes an unthinking accommodation to the methods and assumptions of secular psychology. In contrast, Christians are called to a radical realignment of our lives so that we live in accordance with the teachings of Scripture and the claims of Christ". Christian coaching should therefore be *more* than just coaching being done by Christians.

### **3.2. The need for a theological foundation for Christian coaching**

Creswell (2006, p.16) also sees herself as a coach with a Christian worldview, like so many of the coaches that were interviewed by Gary Collins (2001, pp.179-273). However, she goes a step further than Collins in trying to establish a unique foundation for Christian coaching and defines Christian coaching as "Christ's vision and mission + Scriptural principles + Christ's presence + high standard of excellence as trained coach" (Creswell, 2001, p.14). She then goes on to identify "Biblical tenets of a Christ-centered coach approach" in an attempt to create a Biblical basis for Christian coaching (Creswell 2006, pp.16-23):

1. Christ-centered coaches assume untapped potential in everyone and insist that it be discovered and developed.
2. Christ-centered coaches focus on identifying and strengthening strengths.
3. Christ-centered coaches look at people and the organisation/ church/ ministry as possibilities for constant reinvention.
4. The success of the Christ-centered coaching experience extends through you to other people and activities.

Creswell constantly referred to Scripture after each principle, but in her references (2001, p.146) she acknowledged Dr Lee Smith "for inspiration to link these tenets to Scripture". It seems therefore as though Scripture is being linked to *already established* life coaching principles. This view of Creswell's work is being confirmed when she writes the following under the heading: "A Biblical basis for Christ-centered coaching" (Creswell, 2006, p.36): "The writer of Proverbs wrote, 'The purposes in the human mind are like deep water, but the intelligent will draw them out' (Proverbs 20:5). That's what coaching is all about. That's what coaching does – bring out the depths of your purposes." Creswell does not reflect theologically on this verse at all and it seems as though she uses the Bible to confirm what *she* would like to say. Collins (1993, p.42) refers to this treatment of the Bible when he writes about Christian counsellors who quote Bible verses out of context and in ways the Biblical writers never intended. He then states that it is very important that we do not misquote or misinterpret Scripture (Collins, 1993, p.42).

Collins (1993, p.24) also said that "counseling cannot be considered Christian unless it is built on a clearly Christian worldview... To understand the worldview that undergirds Christian counseling, we must take a careful look at theology." We could therefore similarly argue that coaching could not be considered Christian unless it is built on a clear Christian worldview and in order to do this, we will need to look at theology. A theological basis could consequently be seen as fundamental to Christian coaching. According to the literature being studied, such an underlying theological basis does not exist.

Collins (1993, p.251) proposed that a biblically based worldview should be used in order to provide a solid foundation for Christian counselling. Similarly it could be argued that Christian coaching should also be built on a biblically based worldview. Even so, Collins (1993, p.251) goes on to make it very clear that our task as Christian counsellors (or arguably Christian coaches) is not to force our theological agenda on to people who seek help, but “to be informed, knowledgeable followers of Jesus Christ who are available to be guided by the Holy Spirit and used as His instruments in changing lives”.

The aim of providing a theological basis for Christian coaching would therefore be to create a standard and solid foundation that is in accordance and based on Christian values, instead of on humanistic or religion-neutral principles (Ledesma, 2001, p.13). Such a theological foundation could subsequently be used by Charity X – or other Christian value-driven organisations that employs life coaching – to develop a model for helping clients move toward their goals and as a result reduce future pathology.

### **3.3. The aim of coaching – life balance**

According to Collins (2001, p.15) life coaches should help people to find direction and focus for their lives and their careers. He sees coaching as the practice of guiding someone from where they are toward the greater competence and fulfilment that they desire (Collins, 2001, p.16). Zeus and Skiffington (2002, p.18) has a similar view of life coaching’s aim: “The life coach works with individuals who want to change and grow, to restructure or improve their lives, to work through transitions and to find fulfilment and balance.” It seems therefore as though life coaching aims to help people become more balanced and fulfilled. Martin (2001, p.10) agrees that this is the goal of coaching when she states that life coaching should help people to increase balance in the various areas of their lives. According to her (Martin, 2001, p.6) life coaching is holistic and should therefore consider every dimension of someone’s life. This balance and harmony is achieved by helping clients to define goals in each life area and then working towards achieving results (Martin, 2001, p.7).

In his dissertation on “Spiritual direction, life coaching and culture” Andrew Bowsher (2005, p.20) also refers to this apparent goal of coaching when he remarks that the word “balance” seems to be repeated often in life coaching literature. According to Bowsher “balance” refers to the idea that there should be proportionality about each aspect of a person’s life in relation to all the other aspects. Bowsher (2005, p.20) also quotes Harry Faddis<sup>12</sup> who said that life is a whole: “When we look at one area, such as spirituality, it affects the whole of our lives, such as work and money. When we look at eroticism and make an enquiry into our values and goals, it affects other areas such as spirituality and recreation. Finding a root area of imbalance in our lives will uncover the same imbalance in our whole life. Empowering one area of our lives undoubtedly puts power in the whole of our lives”. Christopher McCluskey (cited in Collins, 2001, p.205) reckons that such imbalance can occur when people do not examine their deepest held values, do not have a clear vision for their lives and do not know what is needed at a specific time in their lives. He (McCluskey in Collins, 2001, p.203) maintains that someone will not feel balanced if they do not have a personal vision of what a balanced life looks

---

<sup>12</sup> [www.harryfaddis.com](http://www.harryfaddis.com)

like. Therefore coaching for life balance should begin by helping someone identify their own values and then assisting them to order their lives around these values.

According to these various authors it seems therefore as though life coaching's central role is to help people become "whole" by achieving balance in all areas of their lives. In order to achieve "balance" it is important to help them identify their values and then aid them to live according to these values. This aim corresponds with the aim of the brief interventions work that is being done within Charity X, i.e. to help people become more balanced in order to reduce future pathology and subsequent therapy.

### **3.4. Life Coaching and values**

According to Collins (2001, p.20) several books and professional articles on coaching frequently mention values and sometimes even refer to spirituality although most are written for a secular market. The main reason for this interest in values within life coaching literature is because of the impact values can have on the achievement of goals: "Clients tend to underperform because there is conflict between their desires and their value systems" (Martin, 2001, p.5). Although Martin (2001, p.5) believes that changes in negative or undesirable values could accelerate the achievement of outcomes, she also states that the primary function of the life coach is not to change the client's beliefs and values, but rather to achieve results (Martin, 2001, p.5). Collins (2001, p.102) seems to agree with this view that client's values should not be changed, but also makes it clear that these values should be clarified and then focused on in order to help clients achieve their goals. He (Collins, 2001, p.99) reckons that people will not make significant progress during coaching, unless they have thought through their own values.

It appears therefore as though one of the fundamental principles of life coaching is that values are underlying to goals – and if you want to help people reach their goals and move forward, you will have to look at their values first (Collins, 2001, p.91). Clinebell (1992, p.31) has a similar view when it comes to values and sees them as essential to daily decision-making. He reckons that chronic problems often result from impoverished or distorted values. This opinion is very important to bear in mind, especially in the light of Charity X's aim to help people reduce future pathology.

Collins (2001, p.98) affirms the important role of values during coaching when he describes how people could be helped to find direction in their lives: "Sometimes the people we coached are stalled. They do not know how to move forward because they have no inner sense about where they should go. Helping them get in touch with their values clarifies where they should not go and often motivates them to move in the value-fulfilling directions where they should go". Collins (2001, p.93) believes that people who live in accordance with their own values experience a greater sense of inner peace and feel less out of control than those who does not live according to their values. One of the main reasons for value-driven people to feel more in control is the fact that they can respond to crises quickly and appropriately, because they know what their values are (Collins, 2001, p.91). Although it is difficult to define values (Collins, 2001, p.92) they could be described as "foundational beliefs that anchor our lives, the things that matter to us the most, the non-negotiable

characteristics that best define our identities” (Collins, 2001, p.92). Values form the foundation of our character and are the basis of all decision-making, therefore they are especially evident during crises or when important decisions have to be made (Collins, 2001, p.92). It is therefore unlikely for people to move forward with confidence until they have identified their own values (Collins, 2001, p.93).

Gary Collins (2001, pp.98-100) mentions several reasons why values can influence people so powerfully:

**1. Clear values motivate people.** People find fulfilment when they live and work according to their values. By knowing their values, they will have a better ability to answer questions like: *Who am I? Why am I here? How do I want to live? What kind of person do I want to become? What legacy do I want to leave?* When people begin to clarify these issues, they are freed to move ahead with greater confidence. When they are faced with difficult decisions, clear values tend to move them in the right direction.

**2. Clear values help people make decisions.** Some values are more important to people than others. When they live according to their values they give more time and energy to the important things in their lives.

**3. Clear values are the foundation for growth.** Coaches help other people to envision the future, develop goals, make major decisions and make plans for moving forward. All of these activities are built on their values.

**4. Clear values bring inner peace.** No-one feels fulfilled, satisfied, or at peace if they neglect the things that matter most to them.

Out of the above discussion, it could be deduced that values are central to life coaching because of its importance to decision-making and therefore the setting of goals. Thus, in order to help people achieve their goals and lead balanced lives, it is imperative that their values are not just taken into consideration, but should in fact be given a prominent place in order to reduce pathology.

#### **4. The contribution of practical theology**

According to Pattison and Lynch (cited in Ford and Muers, 2005, p.412): “Pastoral and practical theologians are interested in what traditional theological norms can do to help in understanding a particular experience or issue. However, they are equally concerned to see whether there are ways in which contemporary experience might lead to the revision of theological concepts or other related practices in faith communities... Pastoral and practical theology can therefore be characterized as a three-way critical conversation between contemporary lived experience, theological norms and traditions and other academic disciplines that help us make sense of that experience.”

Practical theology is therefore concerned with finding ways in which theology could influence the world we live in as well as the influence our world has on our theology. Although both views will be apparent in this study, the research is particularly interested in how theology – and specifically pastoral care and counselling – could influence life coaching as a method to be used with people with substance misuse problems within the context of Charity X. This choice for the latter view is purely due to a consideration for the length of the study. Although it would be beneficial to also look at how the specific practice has shaped the theology that is being used, it is



still the aim of the study to determine how practical theology could impact on the professional context of the researcher. Therefore the focus of the research will be mainly on how theology could enhance the practice within Charity X.

#### **4.1. The need for theological reflection**

It has been stated clearly in 2.1 and 2.2 why Charity X has decided to use life coaching as part of the Brief Interventions work. Since Charity X is based on a Christian ethos, it was argued that the therapy that they employ should also be based on a Christian ethos or value-system. The specific type of life coaching that is the closest to the criteria that Charity X is looking for in a coaching model, i.e. to help clients move forward, work with clients' goals, be solution-focused and future-orientated, help clients to achieve balance and stability and is based on a Christian foundation – is Christian coaching.

However, 3.2 showed clearly that a theological basis for Christian coaching does not exist at the moment and it will have to be developed before a subsequent model could be designed to be used within Charity X's Brief Interventions work. In order to develop a *theological* basis for Christian coaching, *theological* reflection will be necessary. Therefore theology should be the discipline used to reflect on Christian coaching and how it is employed within the context of Charity X.

Since the starting point of this research is the *practice* of Charity X and since *theology* will be used to *reflect on this practice*, this study could be described as *practical theology* (Browning, 1991, p.5).

Browning's (1991, p.7) view of theology in his book *A fundamental practical theology* also correlates with the course notes on the Professional Doctorate when he says: "The view I propose goes from practice to theory and back to practice". According to Browning (1991, p.8) thinkers like Gadamer, Ricoeur and Habermas share one fundamental idea, i.e. "that practical thinking is the centre of human thinking and that theoretical thinking and technical thinking are abstractions from practical thinking". Therefore this study will use practical theology to reflect on the practice of life coaching within the context of Charity X, a Christian value-driven organisation working with people with substance misuse problems.

Apart from the obvious fact that practical theology could be used to reflect theologically on Christian coaching in order to create a theological foundation needed for the discipline of Christian coaching, the writer would also like to propose two further possibilities in which practical theology may enhance the practice of Christian coaching within the context of Charity X, i.e. the central role of values in practical theology and practical theology's aim of wholeness.

#### **4.2. The central role of values in practical theology**

According to Louw (1999, p.153) a theological knowledge of God, without an understanding of humans, could be in danger of becoming speculative and abstract. He (Louw, 1999, p.153) believes that a theological anthropology determines the effectiveness of the pastoral meeting and the therapeutic effect of this meeting on people's problems. Since very few works in pastoral theology focus on a theological

anthropology (Louw, 1999, p.153), Louw (1999, p.151-302) spends almost a quarter of “Pastoraat as vertolkende ontmoeting”<sup>13</sup> in designing a theological anthropology that could be used to build a subsequent model for pastoral care and counselling on, i.e. a pastoral anthropology.

Louw (1999, p.157) states that the question for a pastoral anthropology should be how humans should be understood in order to help them lead purposeful and meaningful lives. He (Louw, 1999, p.157) continues by saying that if we want to understand human behaviour, a pastoral anthropology needs an understanding of humans in terms of the normative dimension of their existence, since human behaviour cannot be separated from a normative dimension (Louw, 1999, p.9). Meissner (1987, p.220) agrees with this view that values and behaviour are closely linked when he states that the function of values is to direct cognition and motivate behaviour, while Augsburg (1986, p.145) reckons that values are the central factor to motivation. According to Louw (1999, p.152) norms and values determine human needs as well as their life goals. Therefore it is very important to keep this directive and motivational role of values in mind when designing an anthropological model for pastoral care and counselling (Louw, 1999, p.259).

Out of the above discussion, it seems as though values and norms play a central role in human behaviour and should therefore also be central to a pastoral anthropology, which on its part is central to a practical model for pastoral care and counselling. Dingemans (1989, p.206) agrees with this central role of values in practical theology when he states that “praktische theologie is een ‘normatiewe’ wetenskap”<sup>14</sup> (Dingemans, 1989, p.206). This statement is similar to Ballard and Pritchard’s (1996, p.11) view that theology is a *normative activity*, meaning that, based on Scripture and tradition theology should seek to examine the norms and claims of Christian belief and then examine the thought and life of the Church in the light of its findings. Practical theology should therefore take part in a dialogue that should shape Christian practice and influence the world (Ballard and Pritchard, 1996, p.12). Norms and values are therefore vital to practical theology as well as to human behaviour.

Therefore if we work with values as a determining factor to responsible human behaviour (Louw, 1999, p.259) and values are central to practical theology, it could be argued that practical theology – and more specifically pastoral care and counselling – should be used when reflecting on values. Clinebell (1984, p.30) is of the same opinion when he says that it is an explicit goal of all forms of pastoral care and counseling to help people increase the power and aliveness of their faith and values.

#### **4.3. The aim of practical theology**

According to Hurding (1998, p.34) “humankind at heart seeks for wholeness”. Clinebell (1984, p.26) takes this statement a step further when he says that the “heart of all human wholeness” is “spiritual and ethical wholeness”. In order to explore these statements, we have to look at a Scriptural view of wholeness:

---

<sup>13</sup> “Pastoral Care & Counselling as interpretation and encounter”

<sup>14</sup> “Practical theology is a normative science.”

In the Bible, we find that two concepts are being used to describe wholeness: the Hebrew concept of *shalom*<sup>15</sup> and the Greek concept of *teleiotes*<sup>16</sup> (Hurding, 1998, p.27). “Shalom covers well-being in the widest sense of the word, incorporating notions of contentment, health, prosperity, justice, unity and salvation – at individual, communal, national, international and creational levels” (Hurding 1998, p.28). Shalom has therefore a much wider meaning than just “peace”, with which it is often translated. The New Testament word that refers to wholeness is “*teleios* (complete, perfect), *telos* (end, conclusion, goal) and *teleiotes* (completeness, perfection)” (Hurding 1998, p.30). “God is, by definition, a God whose very nature speaks “wholeness” and “completeness” and who both calls out a people to be whole and complete and supplies the wherewithal for the goal to be achieved” (Hurding, 1998, p.30-31). It seems therefore as if wholeness or becoming complete stands in connection with what God would like us to achieve, i.e. to grow towards the ultimate goal of Christlikeness (Hurding, 1998, p.32).

Louw (1999, p.13) also refers to the term *teleios* and connects it specifically to Christlikeness or maturity of faith as the goal of our faith. The term *teleios* plays such an important role in Louw’s work that the pastoral phase model that he developed to be used for pastoral care and counselling, is known as the “*teleiōtiewe model*”<sup>17</sup> (Louw, 1999, p.13). Louw (1999, p.223) makes it very clear that maturity of faith or *teleion/teleios* (wholeness/completeness) should be the overall goal and purpose of pastoral anthropology as well as pastoral therapy. Clinebell (1984, p.26) agrees with this viewpoint by saying that the overall goal of all forms of pastoral care and counselling should be to “liberate, empower and nurture wholeness centered in Spirit”, while Popkes (1992, p.322) is of the opinion that wholeness is the direction of God’s work with us, that God – in His wholeness – is drawing us into His wholeness, leading us toward the final completion in the *eschaton*. Wholeness seems therefore to be the overall aim of pastoral care and counselling.

Although all four phases (affective, cognitive, conative, normative) in Louw’s model (1999, p.414) for pastoral therapy works towards this goal of wholeness, it is the fourth phase specifically, i.e. the normative phase that is known as the “*teleiōtiewe fase*” (Louw, 1999, p.422). This phase aims to help the person use their faith source (“*geloofsbron*”) to focus on the goal they would like to achieve (Louw, 1999:422). This purposefulness, however, is different than that of phase three (conative/will), since phase three focuses more on reaching specific goals in the short term, while phase four (normative/faith/values) aims to help people use their faith in formulating their quality and meaning of life (Louw, 1999, p.423). The fourth phase is subsequently seen as longer term in nature (Louw, 1999, p.423). However, while discussing phase three (conative phase), Louw (1999, p.422) says that a circle should be divided into various segments, with each segment representing an area of life, with Christ in the centre. According to him, this wheel could then be used to establish priorities and work towards certain goals.

---

<sup>15</sup> שלום

<sup>16</sup> τελειωτης

<sup>17</sup> An Afrikaans word derived from the Greek word “*teleios*”

This description sounds very much like the model that Collins (2001, p.66) suggests as a model for Christian coaching. It is also very similar to what is commonly referred to in life coaching literature as “the wheel of life”<sup>18</sup>. The purpose of this wheel is to help people find balance between the various dimensions in their lives. Clinebell (1979, p.19) mentions six interdependent dimensions of our lives in which growth can occur: “in our minds and in our bodies, in our relationships with other people, with the biosphere, with the groups and institutions that sustain us and in the spiritual dimension”. According to him (Clinebell, 1984, p.31) “pastoral care and counselling seeks to empower growth toward wholeness in all of the six interdependent aspects of a person’s life”. He (Clinebell, 1997, p.10) later expanded these six dimensions to seven, i.e. mind, body, spirit, relationships, work, play and the earth. Regardless of the number of categories, keeping the balance between the different dimensions of someone’s life still seems central to pastoral care and counselling, since holistic pastoral care and counselling would like to enable people to increase and balance growth in all six (or seven) aspects of their lives (Clinebell, 1984, p.31). In his book on well-being, Clinebell (1992, p.10) however stated that the spiritual dimension is not just one dimension amongst the others, but that the spiritual dimension could indeed be seen as the convergence of all the other dimensions in someone’s life. To him (Clinebell, 1992, p.20) spirituality could therefore be described as the *key* to wholeness.

Louw (1999, p.297) also refers to the various dimensions of our lives in his practical model for a pastoral anthropology. Although we have different dimensions and various life areas, it is important that we will always see the person as a “whole” (Louw, 1999, p.296). When striving towards helping people to gain balance as a whole in their lives, it could be argued that we are also striving towards wholeness – helping them to become complete, by balancing their lives.

Marilyn O’Hearne (cited in Ledesma, 2001, p.98) states that someone who would like to become the person God created them to be should see a Christian Coach. Since God’s purpose for us is to become more like Christ (Christlikeness/*teleios*) it could be concluded that maturity of faith, wholeness or *teleios* is also the goal of Christian coaching.

## 5. Conclusion

Hurding (1998, p.35) quotes Walter Brueggeman saying: “people do not change, or change much, because of doctrinal argument or... moral appeal, but rather by the offer of new models, images, and pictures of how life fits together”. Life coaching attempts to give a picture of how “life fits together” by helping people to gain balance in their lives. Practical theology – and specifically pastoral care and counselling – also aims to help people fit their lives together by striving to help them towards wholeness.

---

<sup>18</sup> Cited 5 March 2007:

[http://www.helixhouse.co.uk/exercise\\_wheel\\_of\\_life.asp](http://www.helixhouse.co.uk/exercise_wheel_of_life.asp)

[http://www.1000ventures.com/business\\_guide/crosscuttings/life\\_wheel.html](http://www.1000ventures.com/business_guide/crosscuttings/life_wheel.html)

[http://www.lifecoachsolutions.co.uk/details/wheel\\_life.htm](http://www.lifecoachsolutions.co.uk/details/wheel_life.htm)

Both disciplines, practical theology as well as life coaching therefore have an individual's well-being in mind, by helping them to become whole. However, the wisdom of the Hebrew-Christian heritage has important resources to bring to our culture's understanding of wholeness (Clinebell, 1984, p.45). A theological understanding of wholeness could therefore be used to expand the theory and practice of life coaching's goal of helping people to become more balanced and whole.

Both disciplines also work with the assumption that values act as a motivating factor when people set goals in order to achieve wholeness or balance. Although values are central to life coaching, practical theology could be described as *inherently normative*, since norms and values are crucial to this discipline, as shown in 4.2. Browning (1996, p.98) believes that values are also embedded in other social and psychological sciences, despite their efforts to achieve value-neutrality. Therefore values play an important role in his theology (Browning, 1996, pp.162-169). Another practical theologian who gives a central role to values in his theology and subsequent model for pastoral care and counselling, is Daniël Louw (1999, pp.258-295). Therefore it is the opinion of the writer that a theological understanding of values could help to expand life coaching's focus on values. Clinebell (1984, p.138) notes that in order to be healthy, people need sound values and meanings. According to him (Clinebell, 1984, p.138) growth towards Spirit-centered wholeness must also encompass growth in life-guiding values and ethical commitments, since unconstructive values can often be a crucial aspect of troubled people's problems in coping (Clinebell, 1984, p.327).

According to Howard Clinebell (1984, p.324) one of the best ways to maximize whole-person growth is through educative counselling. This type of pastoral care and counselling becomes *educative* as it moves towards three goals: 1. Discovering what facts, concepts, values, beliefs, skills, guidance, or advice are needed by people in order to cope with their problems; 2. Communicating these directly or helping people to discover them (e.g., through reading); 3. Helping people utilize this information to help them understand their situation, make wise decisions or handle problems constructively (Clinebell, 1984, p.325). This description sounds similar to life coaching, especially in the light of Clinebell's (1984, p.326) statement that "the educative counselor is a kind of coach whose function is to assist the person in acquiring skills in coping constructively with problems". It seems therefore as though educative pastoral care and counselling is closely related to life coaching and also has a person's wholeness as aim (Clinebell, 1984, p.323).

This overview of the current literature has shown that there is definitely an overlap between the disciplines of life coaching and practical theology. A possible culmination point for these two disciplines could be found in Christian coaching. However, Christian coaching is mostly seen as coaching being done by Christians. It has been shown that Christian coaching should entail more and should be built on a theological foundation and pastoral anthropology.

It also became apparent that both disciplines have wholeness as their aim and that both focus on values as essential in achieving goals that would lead to wholeness.

It further seems as though educative pastoral care and counselling is particularly close in nature to coaching and that it is designed to help people prevent future problems (Clinebell, 1984, p.324) as well as fostering wholeness (Clinebell, 1984, p.323).

In summary it could therefore be concluded that a theological reflection on life coaching within the context of Charity X as a Christian organisation, could contribute to the following areas of Christian coaching:

1. A motivation for Christian coaching, i.e. prevention of future pathology.
2. A theological foundation and anthropology for Christian coaching.
3. A focus for Christian coaching, i.e. values.
4. An aim for Christian coaching, i.e. wholeness.

This motivation, foundation, focus and aim could then be used to design a subsequent model to be used with the clients of Charity X as well as other vulnerable people in order to prevent future pathology by helping them to achieve wholeness. Since there are clear links between life coaching and pastoral care and counselling, and since both disciplines will be used to revamp how Christian coaching is being understood as well as practiced, the writer would like to propose that the developing model for coaching within the context of Charity X will be called *Pastoral Coaching* instead of Christian coaching in order to distinguish it from previous models. As stated previously in 3.2. Christian coaching is often viewed as life coaching being done by Christians, by suggesting a new term this view will be avoided. The term *Pastoral Coaching* will further emphasize the uniqueness of a Christian model for coaching that is based on solid theological principles and reflection as found within pastoral care and counselling.

In 1996 Gordon Lynch (Willows and Swinton, 1996, p.143-148) argued that there has been very little theological reflection in the field of pastoral counselling in Britain up to that stage. While Ballard and Pritchard (1996, p.4) said that practical theology should be at the cutting edge of Christianity's encounter with important aspects of modern culture. Since life coaching is a current development of our culture, it is the opinion of the writer that by entering into a dialogue with life coaching from the perspective of practical theology, the mistake that was made with regards to pastoral counselling in Britain could be avoided by thorough theological reflection during the development of *pastoral coaching*. As a result this research could make a significant contribution to the field of practical theology.

Therefore, a possible research question for this study could be: *How could a theological reflection on life coaching and the development of a subsequent foundation and model for pastoral coaching help clients of Charity X to achieve wholeness in order to prevent or reduce future pathology?*

### **Bibliography**

Augsburger, D. W., 1986. *Pastoral counseling across cultures*. Philadelphia: Westminster

Ballard, P. H., 1986. *The foundation of pastoral studies and practical theology*. Cardiff: University College

- Ballard, P. and Pritchard, J., 1996. *Practical theology in action*. London: SPCK
- Bloom, G., Castagna, C. and Warren, B., 2004. More than mentors: principal coaching. Leadership magazine: [http://www.acsa.org/publications/pub\\_detail.cfm?leadershipPubID=1421](http://www.acsa.org/publications/pub_detail.cfm?leadershipPubID=1421) (Cited 10 April 2007)
- Bowsher, A. P., 2005. *Spiritual direction, life coaching and culture*. MA dissertation. Anglia Polytechnic University
- Browning, D. S., 1991. *A fundamental practical theology*. Minneapolis: Fortress Press.
- Clinebell, H., 1979. *Growth Counselling*. Nashville: Abingdon Press.
- Clinebell, H., 1984. *Basic Types of pastoral care and counselling*. Nashville: Abingdon Press.
- Clinebell, H., 1992. *Well being*. San Francisco: Harper Collins Publishers
- Clinebell, H., 1997. *Anchoring your well-being*. Nashville: Upper Room Books
- Collins, G. R., 1993. *The Biblical basis of Christian counseling for people helpers*. Colorado Springs: NavPress
- Collins, G. R., 2001. *Christian coaching*. Colorado Springs: NavPress
- Creswell, J., 2006. *Christ-centered coaching*. St Louis: Lake Hickory Resources
- Dictionary.com Unabridged (v 1.1)*. Random House, Inc.  
<http://dictionary.reference.com/browse/pathology> (Cited 15 April 2007).
- Ford, D., and Muers, R., eds. 2005. *The Modern Theologians*. Oxford: Blackwell.
- Giorlando, M., and Schilling, R., 1996. *On becoming a solution-focused physician. Families, Systems and Health*, Volume **14**, No. 4, pp. 361-371.
- Hall, C., 2005. *Coaching from the sideline: instead of providing answers to problems, this mentoring strategy guides people to devise their own plays. Leadership (Carol Stream, IL)*. Volume **26**, No.2, pp. 62-64.
- Higgins-Biddle, J. C. and Babor, T.F., 1996. *Reducing Risky Drinking: A Report on Early Identification and Management of Alcohol Problems Through Screening and Brief Intervention*. Connecticut: Alcohol Research Center, University of Connecticut Health Center.
- Hurding, R., 1998. *Pathways to wholeness*. London: Hodder and Stoughton.
- Lawton Barry, K., 1999. *Brief Interventions and Brief Therapies for Substance Abuse. Treatment Improvement Protocol (TIP) Series 34*. US Department of Health

- and Human Services. Rockville: DHHS Publication No. (SMA) 99-3353.
- Ledesma, R., 2001. *Coaching by the Book*. USA: Ledesma Associates.
- Louw, D. J., 1999. *Pastoraat as vertolking en ontmoeting*. Cape Town: Lux Verbi.BM.
- Martin, C., 2001. *The life coaching handbook*. Carmarthen: Crown House Publishing Ltd.
- McCluskey, C., 2000. *Caring From a Distance: Technology, Coaching and Life Management*. *Christian Counseling Today*, Volume 8, No. 1, 20 – 22.
- Meissner, W. W., 1987. *Life and faith: Psychological perspectives on religious experience*. Washington DC: Georgetown University Press.
- Popkes, W., 1992. *New Testament principles of wholeness*. *Evangelical Quaterly* 64, pp. 319-332.
- Robbins, A., 1991. *Awaken the Giant within*. Glasgow: Omnia Books Limited.
- Starr, J., 2003. *The coaching manual*. London: Pearson Education Limited.
- Stone, H. W., (ed) 2001. *Strategies for brief pastoral counselling*. Minneapolis: Fortress Press.
- Willows, D. and Swinton, J. eds., 2000. *Spiritual Dimensions of Pastoral Care: Practical Theology in a Multi-Disciplinary Context*. London: Jessica Kingsley Publishers.
- Zeus, P. and Skiffington, S., 2002. *The coaching at work toolkit*. Sydney: McGraw-Hill.



**APPENDIX D**  
**PROFESSIONAL DOCTORATE STAGE 1B**

**IMPROVING LIFE BALANCE IN  
SUBSTANCE MISUSERS**

**Professional Doctorate in Practical Theology**  
**Publishable Article (Stage 1B)**

**July 2008**

*Barend Jacobus Beukes*

*Student no. 0613489/1*

**Anglia Ruskin University**

## **1. LITERATURE REVIEW**

### **1.1 Introduction**

This study forms part of a Professional Doctorate in Practical Theology in which the relationship between life coaching and pastoral care and counselling, within the context of a Christian charity is being researched. Charity X decided to trial the Wheel of Life (WOL) and therefore the researcher aimed to do empirical research in order to establish whether this instrument is effective to be used with the specific client group of substance misusers (SM) as well as to determine whether there are any deficiencies in this instrument. This paper is structured as follow: in Chapter 1, a Literature Review explores the concept of life balance (LB) and its connection with SM. This chapter also discusses instruments that can be used in order to improve LB. Chapter 2 explains the methodology that is used to investigate the WOL. Chapter 3 gives an explanation of the results that were obtained during the research and Chapter 4 discusses the conclusions that can be deduced from this study.

### **1.2 Background**

Charity X is a charity that aims to help and support people struggling with substance misuse. Prevention and harm minimisation form an integral part of the strategy that is employed to help SM. However, prevention is mostly done with young people, while adult services in Charity X tend to focus on the treatment and support of people who have already developed problematic or addictive use of substances. There is currently a shift within the field of substance misuse from illness and problem-focused intervention towards health and solutions-focused intervention, working towards harm minimisation and general well-being (DAAT, 2007). Clinebell (1992, pp.309-311) reinforces this idea by stating that organisations should give more attention to prevention and well-being than is currently the case.

In reaction to this solution-focused shift, as well as the current evidenced-based culture, Charity X decided to incorporate a more cost-efficient means of intervention for adult SM, namely Brief Interventions Therapy (BIT). This approach is short-term in nature and uses a combination of solution-focused Brief Therapy and life coaching. Instead of problem-focused therapy, as in traditional psychotherapy and counselling (Starr, 2003, p.12), Brief Therapy searches for the solution by asking what has worked for clients in the past (Littrell, 1998, p 4). Life coaching goes a step further than Brief Therapy by asking what people really want and what prevents them from achieving this, therefore helping them to set goals and focus on their ideal life (Martin, 2001, p.20). Life coaching therefore ties in with the current shift away from pathology towards well-being. Williams (2003) states that the discipline of life coaching aims to empower people and help them discover what they *can* do – instead of focusing on what is wrong and what they *cannot* do. It furthermore does not focus on pathology, diagnosis, treatment or the repair of what has been damaged. By changing the focus from pathology to potential and well-being an individual's overall mental health and the quality of their life can be improved. In order to achieve this greater sense of well-being, BIT places a lot of emphasis on assisting individuals to become more balanced in their lives.

### 1.3. The concept of Life Balance

LB can be defined as achieving equilibrium between different aspects of an individual's life in order to prevent certain life areas from being neglected for the preference of other areas (Manktelow, 2003). Therefore LB refers to the degree of balance between areas such as career, spirituality, health and fitness, socialisation, etc. According to Hannah-Leigh Bull (2007) a healthy individual could be seen as someone who operates effectively on their mental, emotional, and physical levels, as well as with outside challenges. She argues that someone could be helped to become healthier by balancing the various areas of their lives more effectively. She furthermore states that people often experience anxiety, anger or depression because one or more areas of their lives are out of balance. Overall LB therefore seems to be central to well-being. Sheldon and Niemiec (2006) investigated the importance of having balance between three different psychological needs (autonomy, competence and relatedness). They found that people who experienced *balance* in satisfaction between the various needs reported higher well-being than those with the same sum score than those with greater *variability* in satisfaction with the various needs. It therefore appears as though *balance* between the various areas of people's lives should be the aim in order to achieve a greater sense of well-being.

Stephen Covey (2007) found that LB is regarded as one of the greatest personal and professional challenges by the audiences that he has surveyed. The emphasis on LB is also present in the United Kingdom and has grown remarkably in a short period of time, with the previous Prime Minister, national and local government as well as private companies recognising the importance of LB (Taylor, n.d.). A national survey (Work Life Balance Centre, 2007, p.9) concluded that there has been an increase in political awareness of this subject and that leading politicians have been speaking about the importance of a good balance between work and home life.

Although LB seems to be fundamental to well-being, this specific concept is not well established and has not been vigorously studied to date. However, a sub-category of LB in which more research has been done, is work-life balance. This subcategory of LB as has become increasingly important in the United States (Hutton, 2005) and is currently regarded as one of the so-called "buzz" words in corporate America (PRWEB, 2006). The realisation of the importance of work-life balance has also led to policies in the UK, such as the National Childcare Strategy, Paid Paternity Leave and The Right to Request flexible working in order to help parents, in particular, achieve a better quality of life (Warwickshire County Council, 2007). Work-life balance is evidently becoming increasingly important in the work environment and employers have to ensure that employees balance the various areas of their life with their workload. The 2003 Spherion Emerging Workforce Study conducted by Harris Interactive concluded that the majority of the work force in the US would like a better work-life balance (Eslinger, 2003). A British survey on work-life balance found that 79% struggled to balance competing demands of work and home at least some of the time, which contributed to 66.9% of the respondents suffering from stress-related illnesses. This stress lead over 30% of the male respondents to increased drinking or smoking habits (Work Life Balance Centre, 2007). However, workers in East Anglia (71.9%) were more likely to have sought help than in other areas of the country. This is of significance for Charity X, since it operates in this area of the UK. There is presently a need to help people achieve greater work-life

balance in order to ensure that emotional and physical health and well-being are achieved (Walker, 2007).

This current emphasis on LB in order to help individuals achieve well-being has led Charity X to investigate whether focusing on LB during BIT would improve the general well-being of SM.

#### **1.4. Substance misuse and Life Balance**

The benefits of LB has recently also been recognised in the field of substance misuse in order to help individuals achieve a greater sense of well-being (Hoffman, et al, 2003). According to Hoffman (2003) SM develop a sense of imbalance in major life areas, such as physical health, emotional well-being, social relationships and work performance. In order to recover they need to regain balance in these life areas. Hoffman believes that balance in the major areas of life would also protect SM from relapsing in the future. The United States' National Institute on Drug Abuse (2006) also states that treatment should not just address the individual's drug use, but should focus on any associated medical, psychological, social, vocational, and legal problems in order to be effective. The addicted person must therefore be approached holistically and drug-using activities should be replaced with constructive and rewarding non drug-using activities. It would subsequently be beneficial to focus on recreational and other activities and not exclusively on the addiction. The Mark Houston Recovery Centre (n.d.) in Texas, USA, accomplishes this LB by helping SM to focus mainly on healthy eating, exercising and setting goals for their future. Presently there appears to be two methods to help SM achieve LB. These methods will each be briefly discussed.

##### **1.4.1. The Living in Balance counselling approach (LIB)**

Establishing physical, emotional, social, and spiritual well-being in all individuals is believed to be a central objective in the process of recovery from drug or alcohol addiction. The Living in Balance Counselling Approach (Hoffman, et al, 2003) aims to educate and inform SM how to lead healthy and productive lives without using alcohol, cocaine, or other drugs and consequently achieve well-being. In order to achieve its goal, the LIB manual presents accurate information about various topics, including relapse prevention, medical and physical health, emotional and social wellness, sexual and spiritual health, daily living skills and vocational and educational development. There are 36 sessions, each covering one specific topic. These 36 "lessons" are presented as group treatment sessions over 12 weeks with people suffering from drug or alcohol addictions. The primary focus of these sessions is to empower people to make informed decisions in their everyday life that will help them to regain LB and prevent relapse to drug misuse in the future. Although this programme was initially designed for an inner-city, predominantly minority, cocaine-abusing population, it has also been found to be applicable for a wider range of substances, including heroin and alcohol (Hoffman, et al, 2003). This programme is also suitable for individuals from a wide range of cultural and economic backgrounds.

Although this approach helps SM to achieve LB and subsequent well-being, it will not be applicable in the context of Charity X's BIT, since it entails working in groups and extends over a long period of time.

#### **1.4.2. The Wheel of Life (WOL)**

The WOL is a well-known life coaching tool that aims to help individuals achieve LB (Manktelow, 2003). This instrument is used to assist them in quickly and graphically identifying life areas that are neglected and out of balance with other life areas. Goal setting is used to enhance the areas that are out of balance and subsequently increase LB and well-being (McNeil, n.d.; Crowell, 1998; Manktelow, 2003).

The WOL is a circle, divided into eight segments (see Addendum A), each one representing one area of an individual's life (Branscomb, 2007). These include health, relationships, physical environment, personal development, finances, career, leisure and spirituality (refer to section 2.3 for a full explanation of these life areas). The individual then considers each of these areas on a separate basis and assigns a score according to how satisfied they are with each particular life area at that moment in time. These scores range on a scale of nought to ten, with nought representing not being satisfied, while ten represents being totally satisfied with that specific area. These scores are therefore subjective and measure how the specific individual perceives their own life. Following completion of the WOL the client selects their ideal score in each area, i.e. what the score on a scale of nought to ten would be if they were completely satisfied with that specific area of their life. The difference between the current reality and the ideal position is emphasised by this method and serves as an assessment tool to identify the specific areas that should be targeted during intervention. By determining which area(s) are out of balance with the other life areas, individuals can be helped to set appropriate goals in order to achieve greater LB. According to Richardson (2006, p.60) improvement in one area of an individual's life could have a positive and enhancing effect on other life areas as well, therefore increasing overall LB.

Given that the WOL can be used in one-to-one work and that it is a recognised life coaching instrument that can be used over a short period of time in order to improve LB, it may be an appropriate tool to use with SM (Stimulant addiction, 2007). Charity X decided to investigate the use of the WOL during BIT in the form of a retrospective study as there is no research indicating its effectiveness with SM. This study would therefore add to our understanding of using the WOL with SM, making it the first of its kind. The purpose of this study was to test the effectiveness of the WOL as an outcome measure and assess its appropriateness as a method to achieve LB.

## **2. METHODOLOGY**

### **2.1. Research aims and hypotheses**

- i) To determine whether SM lives are balanced or not.

Ho: There is no difference between the scores of SM on the various life areas of the WOL indicating that SM lives are balanced.

Ha: There is a difference between the scores of SM on various life areas of the WOL indicating that SM lives are not balanced.

ii) To determine whether the WOL can be used to identify specific life areas that are out of balance.

Ho: The WOL cannot be used to identify specific life areas that are out of balance.

Ha: The WOL can be used to identify specific life areas that are out of balance.

iii) To determine whether focusing on the eight areas of the WOL enhances LB.

Ho: Focusing on the eight areas of the WOL does not enhance LB.

Ha: Focusing on the eight areas of the WOL does enhance LB.

iv) To determine whether the WOL can be used as an outcome measure for intervention.

Ho: The WOL cannot be used as an outcome measure for intervention.

Ha: The WOL can be used as an outcome measure for intervention.

v) To determine whether participants who stopped using substances during intervention showed more overall improvement in LB after intervention compared to participants who continued using substances after intervention.

Ho: Participants who stopped using substances during intervention did not show more overall improvement in LB after intervention compared to participants who continued using substances after intervention.

Ha: Participants who stopped using substances during intervention showed more overall improvement in LB after intervention compared to participants who continued using substances after intervention.

## **2.2. Participants**

Participants were selected from British SM who approached Charity X for help with their substance misuse and/or related issues and received BIT between the 20<sup>th</sup> of June 2006 and the 16<sup>th</sup> of October 2007. All participants underwent an assessment to ascertain their suitability for BIT as opposed to long term counselling. The inclusion criteria for BIT were:

- No underlying emotional or past issues that they wish to deal with at this stage.
- A desire to become unstuck and move forward as soon as possible.
- A lack of structure in their lives (optional).

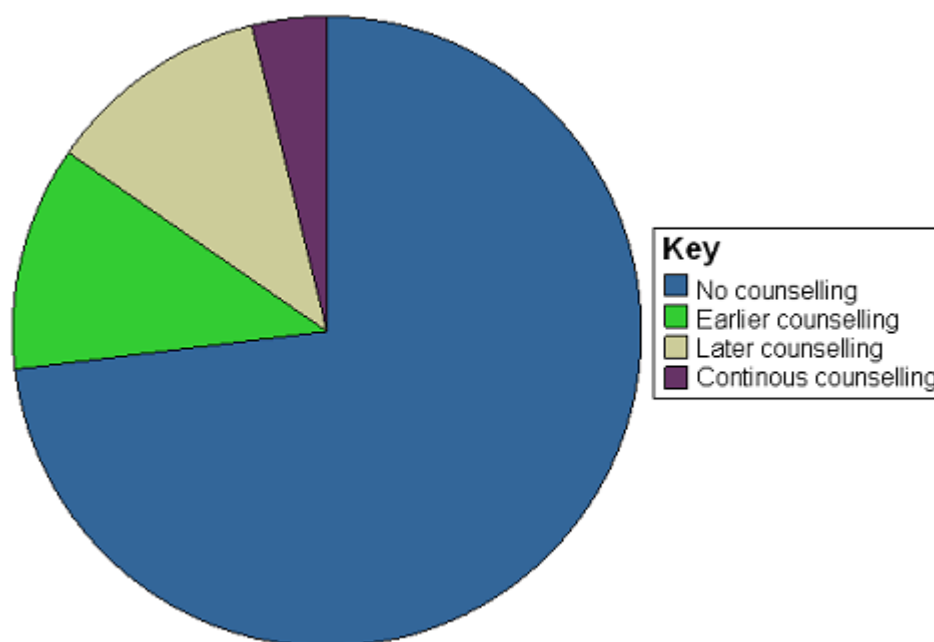
If it transpired during the assessment or BIT that participants had underlying emotional or past issues, they were referred to long-term counselling. Informed consent was obtained from each participant prior to undergoing completing the WOL. The WOL was used with 26 participants (19 males and seven females), ranging from 20-51 years with an average age of 30 years (standard deviation: 8 years). The participants were seen for 1-19 sessions (average number of sessions: 5.6, standard deviation: 4). This sample is representative of the drug and alcohol population in Norwich seeking help from Charity X.

Out of the initial 26 participants 12, (7 males and 5 females) also completed a WOL after intervention. Out of the 14 participants that did not complete a WOL after intervention, seven indicated verbally that there was significant increase of their satisfaction levels in the various life areas. However, they preferred to use the final session to discuss an on-going action plan and other issues rather than completing another WOL. The other seven participants unfortunately did not attend their final sessions for various reasons and therefore they did not complete a second WOL.

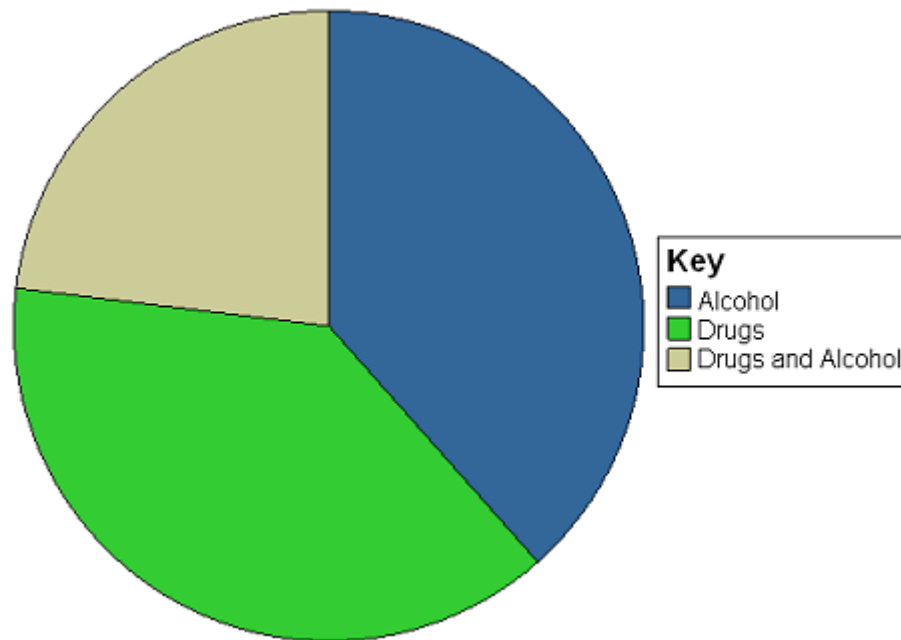
The 12 participants who completed a second WOL ages ranged from 20-41 years (average age: 30 years, standard deviation: 8 years) and they were seen for an average of seven sessions (ranging from 2-19 sessions, standard deviation: 5 sessions).

Of these participants, most had no counselling prior to starting brief intervention, as shown in Figure 2.1. All participants were British and had a history of substance misuse (see Figure 2.2 for a breakdown of substances used). Due to there being a delay between the initial assessment and starting BIT, some participants had stopped using substances prior to completing the WOL as seen in Figure 2.3.

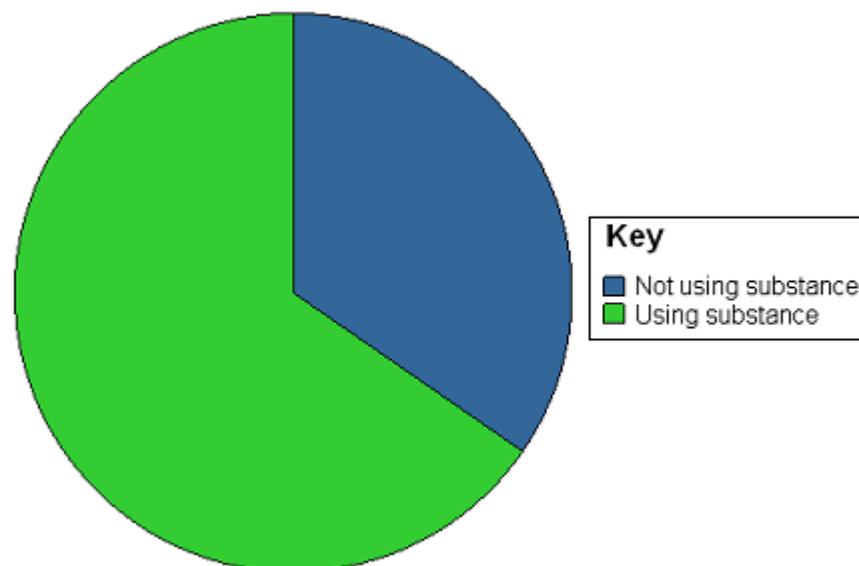
After completion of the WOL, the outcome was discussed and the intervention then focused on life areas which scored the lowest and which participants perceived as needing intervention. Therefore, intervention was individualised for each participant with the emphasis on immediate or future issues and accompanying goal setting.



**Figure 2.1** The ratio participants receiving counselling in relation to brief interventions



*Figure 2.2 The ratio of the various substances used by the participants*



*Figure 2.3 The ratio of participants who used substances at the start of BIT*

### 2.3. Outcome Measure

The eight categories of the WOL were used to determine overall LB. The relationship category was very wide and it was difficult for participants to distinguish between family and friends, therefore this category was divided into two categories, namely family and social relationships. An average score was also added to determine overall LB. This research therefore consisted of ten areas. The various areas were defined as follows:

- Health: how a participant perceives their general physical, emotional and mental state of health.
- Family relationships: the relationship a participant has with their immediate relatives.



- Social relationships: the relationship a participant has with their friends or wider community.
- Physical environment: how a participant experiences their own living conditions, this includes their accommodation, neighbourhood or country.
- Personal development: how a participant perceives their own progress, this includes reading, studying, attending counselling, etc.
- Finances: how a participant regards their financial situation.
- Career: how a participant perceives their job or the direction of their career.
- Leisure: how a participant perceives their own involvement in activities that they regard as either fun or adventure.
- Spirituality: this term requires a thorough discussion for which the length of this article does not allow. However in this study spirituality refers to a participant's personal search for meaning and purpose in life, which may or may not be related to religion (Tanyi, 2002).
- Overall LB: the average score that was obtained between the various life areas.

Each participant completed the WOL in a structured interview format during their first BIT session. Each WOL category was scored out of ten, ten being totally satisfied and nought being not satisfied at all with that area of their life. After intervention participants had another opportunity to complete the WOL.

## **2.4 Data Analysis**

Data management and analysis were performed using the Statistical Package for Social Sciences (SPSS) version 14. Each WOL category was treated as separate dependable variables, on which separate statistical tests were performed to determine the effects of intervention and substance usage and compare scores before and after intervention. The following analysis was done:

### **2.4.1 Data Summary**

- i) Descriptive statistics were obtained to summarise the means, standard deviations and minimum and maximum values for each WOL category, before and after intervention.
- ii) Graphs were generated to show the relationship between the different WOL categories before and after intervention.
- iii) To determine whether the data acquired was consistent with a normal distribution, the difference between the after and before intervention scores were calculated for each WOL category. These difference values and individual values were used prior to statistical analysis in the form of histograms, box plots, Q-Q plots and mean/median values to ensure most of the data conformed to a normal distribution. An example of one of these Q-Q plots is shown in Addendum B. The Kolmogorov-Smirnov Test of Normality was used to statistically ensure that the data was normally distributed, as shown in Addendum C. These tests indicated that the data was normally distributed.

### **2.4.2 Statistical Analysis**

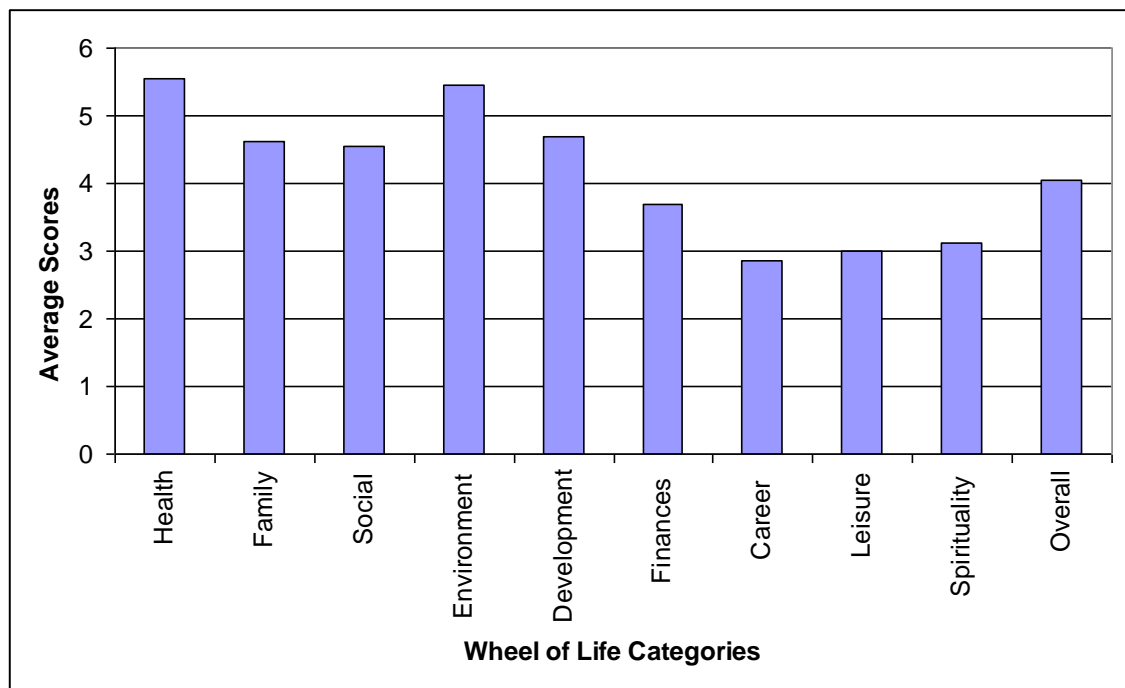
- i) To test the Ho that SM lives are not balanced a one-factor (WOL categories) repeated measures analyses of variance (ANOVA) was performed.
- ii) To test the Ho that the WOL cannot be used to identify specific life areas that are out of balance, pairwise comparisons between the nine WOL categories, using Bonferroni adjustment was performed.
- iii) To test the Ho that focusing on the eight areas of the WOL does not enhance LB, statistical analysis was undertaken using a paired samples *t*-test.
- iv) To test the Ho that the WOL cannot be used as an outcome measure for intervention, statistical analysis was undertaken using a paired samples *t*-test.
- v) To test the Ho that participants who stopped using substances during intervention did not show more overall improvement in LB after intervention compared to participants who continued using substances after intervention, statistical analysis was undertaken using an independent samples *t*-test.

## **3. RESULTS**

### **3.1 Degree of Life Balance in Substance Misusers**

The comparison of scores for the different WOL categories at initial assessment, prior to intervention is shown in Figure 3.1 and numerical data for these categories is given in Table 3.1. Observation from these shows the following:

- The life areas that scored the highest were health and physical environment.
- Career, leisure and spirituality scored the lowest.
- From Figure 3.1 it is seen that there is variation between the different life areas, indicating that this group's lives are not balanced.
- The overall score of 4.1 out of ten also indicate below average satisfaction with life.
- As to be expected, there was much participant variation in most categories with scores fluctuating between nought and ten on finances and one and ten on physical environment.



**Figure 3.1** Average score on the various WOL categories before intervention.  $n=26$

**Table 3.1** Summary of numerical data for WOL scores before intervention.  $n= 26$ .

Category	Average Score	Standard deviation	Lowest score	Highest Score
<b>Health</b>	5.5	1.94	2	9
<b>Family</b>	4.6	2.28	1	9
<b>Social</b>	4.5	2.28	1	8
<b>Environment</b>	5.5	2.75	1	10
<b>Development</b>	4.7	1.98	2	8
<b>Finances</b>	3.7	2.53	0	10
<b>Career</b>	2.9	2.60	0	9
<b>Leisure</b>	3.0	1.67	1	6
<b>Spirituality</b>	3.1	2.23	0	7
<b>Overall</b>	4.1	1.33	2	7

A one-factor (WOL category) repeated measures ANOVA was performed to determine whether SM lives were balanced. There was a significant difference between the categories,  $F(1,25)= 6.55$ ,  $p< 0.001$ . Pairwise comparisons using a Bonferroni adjustment indicated significant differences between numerous WOL categories as shown in Table 3.2. The WOL can therefore indicate specific life areas that are not in balance.

**Table 3.2** Significant pairwise comparisons across the WOL categories. n=26.

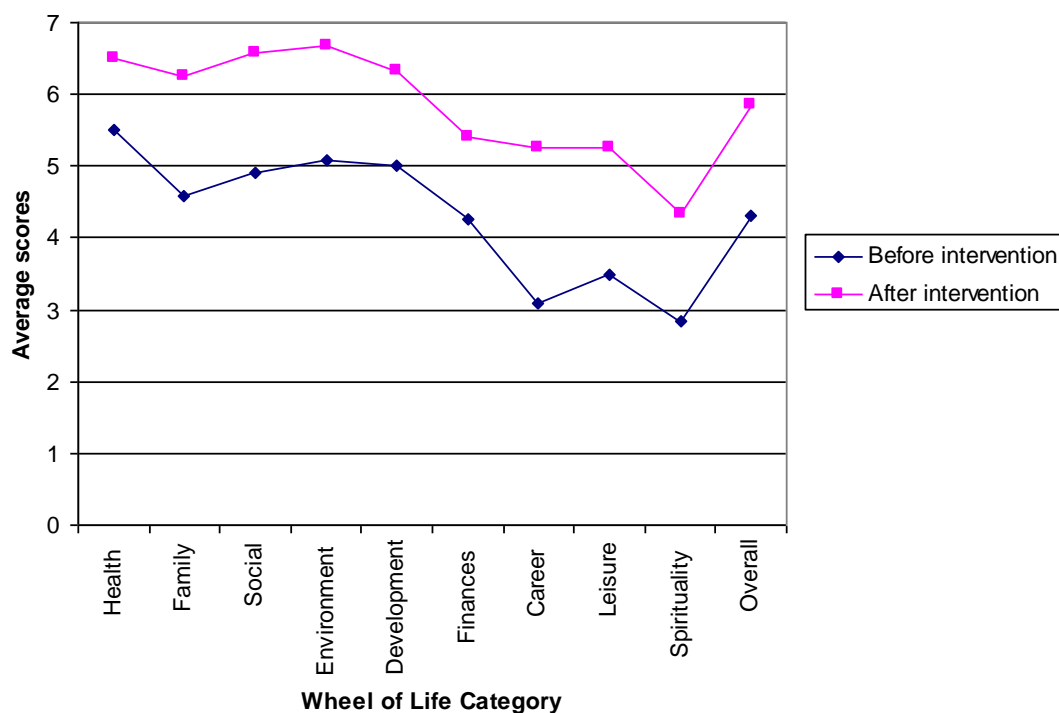
\*Significance at 0.05

Categories	Significance*
Health and Career	<0.01
Health and Leisure	<0.01
Health and Spirituality	<0.01
Family and Leisure	0.04
Family and Spirituality	0.03
Social and Leisure	0.04
Environment and Career	0.01
Environment and Leisure	<0.01
Environment and Spirituality	0.04
Development and Leisure	0.02

### 3.2 Comparison of initial and final WOL assessment results

The comparison of scores for the different WOL categories before and after intervention is shown in Figure 3.2 and numerical data for these categories are given in Table 3.3. Observation from these shows the following:

- All WOL categories improved with intervention.
- The area that showed the most improvement was career.
- The area that showed the least improvement was health. However, health's initial scores were relatively high in comparison with other areas.
- Although Figure 3.2 shows that participants' lives were not fully balanced following intervention, there seems to be less variation between the various categories and therefore an improvement in overall LB.
- Spirituality appears to have scored significantly lower (4.3 out of ten) than the other areas after intervention.



**Figure 3.2** Average score on the various WOL categories before and after intervention.  $n=12$ .

**Table 3.3** Summary of numerical data for WOL scores before and after intervention.  $n= 12$ . One Std deviation is given in parentheses  $n=12$ .

Category	Average Score before intervention	Average Score after intervention
Health	5.5 (1.88)	6.5 (1.73)
Family	4.6 (2.15)	6.3 (2.05)
Social	4.9 (2.19)	6.6 (1.78)
Environment	5.1 (2.94)	6.7 (1.72)
Development	5.0 (2.22)	6.3 (2.10)
Finances	4.3 (3.02)	5.4 (2.91)
Career	3.1 (3.03)	5.3 (2.80)
Leisure	3.5 (1.62)	5.3 (2.14)
Spirituality	2.8 (2.25)	4.3 (3.55)
Overall	4.3 (1.42)	5.8 (1.79)

Ten separate paired samples  $t$ -tests were performed to determine whether there was a statistically significant difference between each WOL category before and after intervention. The results are summarised in Table 3.4. For each category there was a statistically significant difference in score following intervention, due to a significant improvement in scores across categories. Intervention therefore improved LB. The WOL also appeared to be a good outcome measure tool, since it gave a clear indication of participants' satisfaction with their various life areas before and after intervention. It can therefore be used to determine the success of intervention.

**Table 3.4** Summary of paired samples *t*-test results comparing scores before and after intervention.  
\*Significance at 0.05.

Difference between each WOL category	df	t statistic	Significance*
Health	11	-2.35	0.04
Family	11	-3.00	0.01
Social	11	-3.35	<0.01
Environment	11	-2.55	0.03
Development	11	-2.97	0.01
Finances	11	-2.55	0.03
Career	11	-3.03	0.01
Leisure	11	-3.54	<0.01
Spirituality	11	-3.10	0.01
Overall	11	-5.55	<0.01

### 3.3 Comparison of participant using and not using substances

Before intervention eight out of the 12 participants were still using substances. Three out of the eight stopped using substances while five participants continued using substances throughout intervention. Numerical data is given in Table 3.5. Observations from these show the following:

- Scores were very similar despite differences in substance usage

**Table 3.5** The average difference in scores before and after intervention. Standard deviation is given in parentheses. *n*= 3 for stopped using participants, *n*=5 for participants still using substances.

Category	Average Score for participants who stopped using substance	Average Score for participants who continued using substance during intervention
<b>Health</b>	1.7 (2.89)	0.8 (0.84)
<b>Family</b>	2.7 (2.52)	1.4 (1.67)
<b>Social</b>	2.7 (1.53)	1.4 (1.67)
<b>Environment</b>	1.3 (2.31)	2.8 (2.39)
<b>Development</b>	1.7 (2.08)	0.6 (0.89)
<b>Finances</b>	2.0 (2.00)	0.4 (0.89)
<b>Career</b>	2.3 (4.04)	1.0 (1.73)
<b>Leisure</b>	2.0 (2.00)	0.8 (1.79)
<b>Spirituality</b>	2.0 (2.00)	1.2 (1.79)
<b>Overall</b>	1.9 (0.40)	2.6 (0.93)

Due to the small sample size, it was not appropriate to do statistical analysis. However, since none of these raw scores were significantly different, this indicated that the change in substance use did not appear to be the factor influencing score, but rather the intervention itself.

### 3.4 Results Summary

i) *Results for determining* whether SM lives are balanced.

There was a significant difference between the scores of categories of the WOL, indicating that SM lives are not balanced. The Ho was rejected and the Ha accepted there is a difference between the scores of SM on various life areas of the WOL indicating that SM lives are not balanced.

ii) *Results for determining* whether the WOL can be used to identify specific life areas that are out of balance.

There was a significant difference between the scores of many of the categories of the WOL, indicating that the WOL can be used to identify specific life areas that are out of balance. The Ho was rejected and the Ha accepted that the WOL can be used to identify specific life areas that are out of balance.

iii) *Results for determining* whether focusing on the eight areas of the WOL enhance LB.

There was a significant improvement in the scores of each WOL category following intervention, indicating that focusing on the eight WOL areas improves LB. The Ho was rejected and the Ha accepted that focusing on the eight areas of the WOL does enhance LB.

iv) *Results for determining* whether the WOL could be used as an outcome measure for intervention.

There was a significant improvement in scores in the WOL categories, showing that the WOL can capture balance status before and after intervention. The Ho was rejected and the Ha accepted that the WOL can be used as an outcome measure for intervention.

v) *Results for determining* whether participants who stopped using substances during intervention were more balanced after intervention compared to participants who continued using substances after intervention.

There was no significant difference between participants' scores after intervention, despite stopping substance usage. This indicated that intervention was the determining factor of improvement, rather than usage patterns. The Ho could not be rejected that participants who stopped using substances during intervention did not show more overall improvement in LB after intervention compared to participants who continued using substances after intervention.

## 4. DISCUSSION

This was a retrospective study investigating the use of WOL on SM. Prior to intervention the WOL was completed by 26 participants and 12 participants completed the WOL after intervention. Results indicated that SM lives were not balanced and that the WOL can be used to determine the specific areas that are out of balance. The WOL can furthermore be used to focus intervention on specific life areas and in so doing, increase overall LB. By using the WOL scores before and after intervention as a difference measure, it proved to be an effective outcome measure. It was also found that continuing or stopping substance misuse during

intervention was not the determining factor in the overall increase of LB, but rather intervention itself.

During this study some participants preferred to start working on the area that they perceived as their greatest need. This research had the same findings as Walter and Peller (1992, p.18) who observed that improvement in one area often had a knock-on effect on other areas as well, without the other areas necessarily being the focus of the intervention. It was therefore found that intervention in one life area could improve other life areas and subsequently increase total LB.

The *Health* category was initially regarded higher than the other areas. A possible reason may be that participants still regarded themselves as relatively healthy, since they have already opted for intervention and therefore they are working on improving their health. *Personal development* is another area in which participants scored relatively high initially. This could possibly also be explained by participants' perception that they were doing something about their addictions by attending the intervention. High scores were also obtained for *physical environment*, since accommodation was generally regarded as stable and sufficient. Unstable accommodation or homelessness is often associated with SM, but this was not found to be the case with this participant group.

Both the *Family and Social Relationships* categories did not score very high. This may be due to the broken relationships that SM often experience as a result of their addictions and subsequent behaviour. This may lead to them being either isolated or being accepted by other substance using communities, which can make it difficult for them to stop their addictions. *Finances* are closely linked to substance misuse. However, finances only had an average ranking in this study. This may be due to the fact that SM have ways of obtaining the needed means to support their addiction.

The categories on *Career*, *Leisure* and *Spirituality* scored considerably lower than the other areas. Since the substance misuse often takes preference above other activities it is not surprising that leisure and career scored poorly. Spirituality had the lowest score after intervention as well and showed the least improvement of all areas. According to Clinebell (1998, p.89) spiritual disturbances often plays a big role in the addictive process and that SM sometimes attempt to satisfy their spiritual needs by chemical means. Therefore he reckons that primary prevention and full recovery of addictions require people to learn healthy, non-chemical ways to satisfy their spiritual or existential hungers. Although it has been widely recognised that authentic spirituality offers hopeful resources for dealing with addictions (Clinebell, 1998, p.23), it appears as though specific focus on spirituality is required during intervention, since this area has not improved as much as the other areas did. This may be the result of an inadequate understanding of the concept of spirituality by participants. It also seems as though the WOL does not allow for different aspects of spirituality to be addressed during intervention. This suggests that further research needs to be done on the concept of spirituality as well as on presenting it to participants in a way that would make the meaning clear. Since spirituality was not sufficiently addressed during intervention, this research indicates that the impact of this area on other life areas should be explored further, especially in the light of Clinebell's (1998, p.89) view that the spiritual dynamics in addictions and recovery has not been thoroughly researched.



It was also determined that although stopping substance would have an impact on overall LB, it would not be enough to achieve LB. In order to achieve LB, specific intervention needs to be provided that will target this outcome. Therefore a model should be developed that focuses specifically on helping SM to achieve balance between the various life areas. However, this model will also need to take into account the importance of spirituality within this field and the impact improvement in this area could have on the other life areas. This model would explore Clinebell's (1992, p.10) assumption that spirituality is indeed the convergence of all the other areas in an individual's life and that the spiritual dimension could be seen as the key to wholeness (Clinebell, 1992, p.20) and therefore also LB.

During this study there were some limitations of the WOL. The scoring method was very subjective and not necessarily a true reflection of how participants actually performed in a specific area. However, this instrument should be used as an outcome measure of a participant's view of their situation. This study also made it clear that some of the areas of the WOL were too broad, e.g. participants understood health to be anything from the amount of exercise they do to the impact their substance misuse has on their physical or even their mental health. It seems therefore as though some areas will need further expansion in order to incorporate specific areas like diet and exercise. By creating a model that would accommodate these, as well as other areas, a more thorough diagnosis could be formed regarding the participant's situation and the subsequent intervention that needs to be employed.

In conclusion, it was found that although the WOL could be used to determine LB and promote well-being, it should be expanded to incorporate more specific areas, especially with regards to spirituality, in order to make it more useful diagnostically and be a more effective outcome measure.

### **Bibliography**

Branscomb, L.D., 2007. *How Balanced is Your Life?* Available at: <http://www.lifeblissolutions.com/lifewheel.htm> [accessed 31 August 2007]

Bull, H. 2007. *Life Balance Training--Whole Person Integration*. Available at: [http://www.4therapy.com/consumer/life\\_topics/article/7222/489/Life+Balance+Training--Whole+Person+Integration](http://www.4therapy.com/consumer/life_topics/article/7222/489/Life+Balance+Training--Whole+Person+Integration) [accessed 30 August 2007]

Clinebell, H., 1992. *Well being*. San Francisco: Harper Collins Publishers

Clinebell, H., 1998. *Understanding and counseling persons with alcohol, drug and behavioral addictions*. Nashville: Abingdon Press

Covey, S., 2007. *Work-Life Balance: A Different Cut*. Available at: [http://www.forbes.com/2007/03/19/covey-work-life-lead-careers-worklife07-cz\\_sc\\_0319covey.html](http://www.forbes.com/2007/03/19/covey-work-life-lead-careers-worklife07-cz_sc_0319covey.html) [accessed 30 August 2007]

Crowell D. M., 1998. Care for the case manager: balancing your wheel of life. *Volume 7, No.3, pp. 112-116*. Available at: <http://www.ncbi.nlm.nih.gov/sites/entrez> [accessed 31 August 2007]

DAAT (Norfolk Drug and Alcohol Action Team), 2007. *Models of care training*. University of East Anglia. 13 July 2007.

Eslinger, C., 2003. *New breed of employee stresses importance of work/life balance*. Available at <http://houston.bizjournals.com/houston/stories/2003/10/20/focus13.html> [accessed 31 August 2007]

Harris Interactive, 2003. *Spherion Emerging Workforce Study*. Available at: <http://mercury.soas.ac.uk/HR/execsummary.pdf> [accessed 31 August 2007]

Hoffman, J.A. et al., 2003. *The Living in Balance Counseling Approach*. Available at: <http://www.nida.nih.gov/ADAC/ADAC5.html> [accessed 30 August 2007]

Hutton, W., 2005. *A work-life balance for all?* Available at <http://edition.cnn.com/2005/WORLD/europe/06/17/visionary.hutton/> [accessed 31 August 2007]

Littrell, J.M. 1998. *Brief counseling in action*. New York: W.W. Norton

Manktelow, J. 2003. *The Wheel of Life: Finding balance in your life*. Available at: [http://www.mindtools.com/pages/article/newHTE\\_93.htm](http://www.mindtools.com/pages/article/newHTE_93.htm) [accessed 31 August 2007]

Martin, C., 2001. *The life coaching handbook*. Carmarthen: Crown House Publishing Ltd.

McNeil, M., n.d. *Unknown*. Wheel Of Life. Available at: <http://www.create-a-space.co.uk/wheel-of-life.htm> [accessed 31 August 2007]

National Institute on Drug Abuse, 2006. Principles of Drug Addiction Treatment: A Research Based Guide. Available at <http://www.drugabuse.gov/PODAT/PODAT1.html>. [accessed 21 November 2006]

PRWEB, 2006. *Work/Life Balance Programs in Demand as Companies Become More Supportive*. Available at: <http://www.prweb.com/releases/2006/6/prweb396792.htm> [accessed 30 August 2007]

Richardson, P., 2006. *The Life Coach*. London: Octopus Publishing Group Ltd.

Sheldon, K.M. and Niemiec, C.P., 2006. *It's not just the amount that counts: Balanced need satisfaction also affects well-being*. Journal of Personality and Social Psychology. Volume **91**, No. 2, pp. 331-341.

Starr, J., 2003. *The coaching manual*. London: Pearson Education Limited.  
*Stimulant Addiction*. 2007. Focus on Self-Improvement. Available at: <http://www.stimulantaddiction.com/focus-on-self-improvement/> [accessed 31 August 2007]

Tanyi, R.A. 2002. *Towards clarification of the meaning of spirituality*. Journal of Advanced Nursing, Volume **39**, No.5, pp. 500–509.

Taylor, R., n.d. Unknown. *The Future of Work-Life Balance*. Available at: [http://www.esrc.ac.uk/ESRCInfoCentre/Images/fow\\_publication\\_2\\_tcm6-6060.pdf](http://www.esrc.ac.uk/ESRCInfoCentre/Images/fow_publication_2_tcm6-6060.pdf) [accessed 31 August 2007]

The Mark Houston Recovery Centre. n.d. *The Drug Addiction Relapse Prevention Program Recommended by Fine Clinical Treatment Programs*. Available at: [http://www.markhoustonrecovery.com/drug\\_addiction\\_relapse.php](http://www.markhoustonrecovery.com/drug_addiction_relapse.php) [accessed 30 August 2007]

Walker, P. 2007. *Create a Better Work-Life Balance and Enjoy a Happier Life*. Available at: <http://www.4therapy.com/consumer/conditions/item.php?uniqueid=8712andcategoryid=485and> [accessed 31 August 2007]

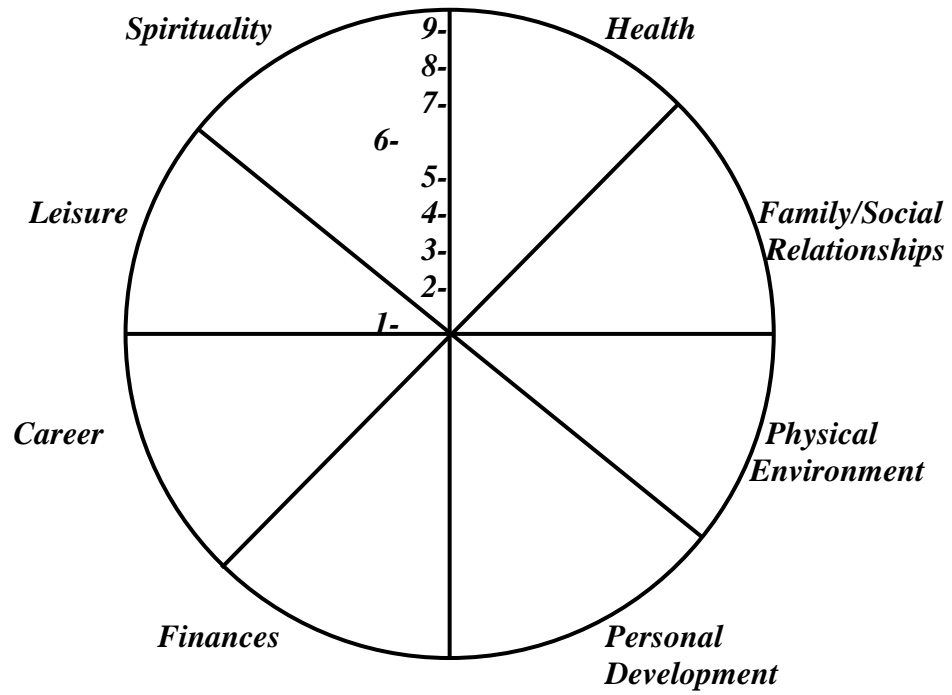
Walter, J.L. and Peller, J.E. 1992. *Becoming solution-focused in brief therapy*. Levittown: Brunner/Mazel.

Warwickshire County Council, 2007. *Employer support for Work-Life Balance and flexible work practice*. Available at: <http://www.warwickshire.gov.uk/web/corporate/pages.nsf/Pages%20by%20Reviewer/A05D94ADCDB6195080256CE00053FC1F> [accessed 31 August 2007]

Williams, P., 2003. *The Potential Perils of Personal Issues in Coaching. The Continuing Debate: Therapy or Coaching?* International Journal of Coaching in Organizations, 2003, Volume **2**, No 2, pp. 21-30.

Work Life Balance Centre, 2007. *Work Life Balance Report 2007*. Available at: [www.worklifebalancecentre.org](http://www.worklifebalancecentre.org) [accessed 31 August 2007]

## Addendum A



*Figure A. The Wheel of Life*

## Addendum B

Normal Q-Q Plot of Social\_diff

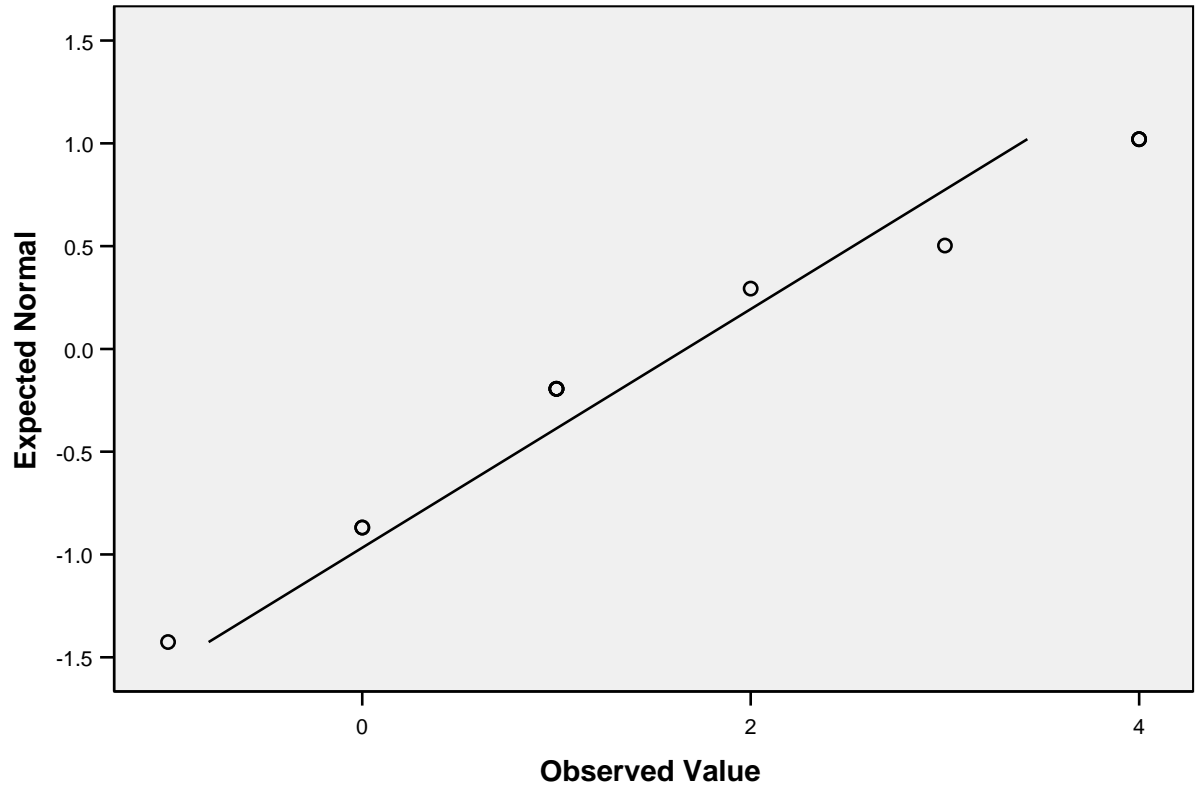


Figure B. Q-Q Plot indicating a normal distribution for social difference.  $n=26$

### Addendum C

*Table C. Summary of the results of the Kolmogorov-Smirnov Test of Normality for the data. n= 26. \*Significance at 0.05.*

<b>Category</b>	<b>Statistic</b>	<b>Significance*</b>
<b>Before scores</b>		
Health	1.20	0.11
Family	0.74	0.64
Social	0.85	0.46
Environment	0.89	0.41
Development	0.96	0.31
Finances	0.94	0.34
Career	1.13	0.15
Leisure	0.95	0.33
Spirituality	0.69	0.72
Overall	0.74	0.65
<b>Difference scores</b>		
Health	0.87	0.44
Family	0.76	0.61
Social	0.81	0.53
Environment	0.70	0.71
Development	0.87	0.43
Finances	1.22	0.10
Career	0.92	0.37
Leisure	0.91	0.38
Spirituality	0.80	0.54
Overall	0.59	0.88